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COMMISSION OF INQUIRY  
INTO THE  
NON-MEDICAL USE OF DRUGS

COMMISSION D'ENQUETE  
SUR L'USAGE DES DROGUES  
A DES FINS NON MEDICALES

May 14, 1970  
Board of Education Building  
HAMILTON, Ontario







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BEFORE:

- |                      |                      |
|----------------------|----------------------|
| Gerald LeDain,       | Chairman,            |
| Ian Campbell,        | Member,              |
| H. E. Lehmann, M.D., | Member,              |
| James J. Moore,      | Executive Secretary, |
| J. Peter Stein,      | Member.              |

RESEARCH:

- Dr. Charles Farmilo,  
Dr. Ralph Miller.

SECRETARY TO THE CHAIRMAN:

Vivian Luscombe.

May 14, 1970  
Board of Education Building  
HAMILTON, Ontario





1 ---Upon commencing at 9:45 a.m.

2 THE CHAIRMAN: Ladies and  
3 gentlemen, I call this Commission of Inquiry Into the  
4 Non-Medical Use of Drugs to order. I should like to  
5 introduce my staff and colleagues and members who are  
6 here this morning. On my far right, Dean Ian Campbell  
7 of Montreal; on my immediate right, Dr. Heinz Lehmann of  
8 Montreal; I am Gerald LeDain; on my left is Mr. James  
9 Moore, Executive Secretary of the Commission; on Mr.  
10 Moore's left, Mr. J. Peter Stein of Vancouver; and at  
11 the table research associates on the Commission, Dr.  
12 Charles Farmilo and Dr. Ralph Miller. We regret  
13 very much that our colleague, Professor Marie Andree  
14 Bertrand is unable to be with us today because of  
15 sickness. She is the fifth member of the Commission  
16 from Montreal. I should like to read a statement now  
17 which indicates the background of the Commission's  
18 appointment and its terms of reference and the manner  
19 in which it interprets its task.

20 The Commission of Inquiry Into  
21 the Non-Medical Use of Drugs was appointed by the  
22 Federal Government on May 29 last year, upon the  
23 recommendation of the Honourable John Munro, Minister of  
24 National Health and Welfare.

25 The Commission has an indepen-  
26 dent status under Part I of The Inquiries Act.

27 The concern which gave rise to  
28 the appointment of the Commission is described in Order  
29 in Council which authorized the appointment in the  
30 following words: "There is growing concern in Canada





1 about the non-medical use of certain drugs and sub-  
2 stances, particularly those having sedative, stimulant,  
3 tranquillizing or hallucinogenic properties, and the  
4 effect of such use on the individual and the social  
5 implications thereof; within recent years, there has  
6 developed also the practice of inhaling of the fumes of  
7 certain solvents having an hallucinogenic effect, and  
8 resulting in serious physical damage and a number of  
9 deaths, such solvents being found in certain household  
10 substances. Despite warnings and considerable publicity  
11 this practice has developed among young people and can  
12 be said to be related to the use of drugs for other  
13 than medical purposes; certain of these drugs and  
14 substances, including lysergic acid diethylamide, LSD,  
15 methamphetamines, commonly referred to as "Speed",  
16 and certain others, have been made the subject of  
17 controlling or prohibiting legislation under the Food  
18 and Drug Act, and cannabis, marijuana, has been a  
19 substance, the possession of or trafficking in which has  
20 been prohibited under the Narcotic Control Act.  
21 Notwithstanding these measures and the competent enforce-  
22 ment thereof by the R.C.M. Police and other enforcement  
23 bodies, the incidents of possession and use of these  
24 substances for non-medical purposes, has increased  
25 and the need for an investigation as to the cause of  
26 such increasing use has become imperative."

27 In announcing the Commission's  
28 appointment, the Minister of National Health and  
29 Welfare spoke of the "grave concern felt by the  
30 government at the expanding proportions of the use





1 of drugs and related substances for non-medical  
2 purposes."

3 The terms of reference defining  
4 the Commission's inquiry into the non-medical use  
5 of psychotropic drugs and substances mention sedatives,  
6 stimulants, tranquillizers and hallucinogens.

7 For the present, the Commission  
8 understands "drug" to mean any substance which  
9 chemically alters structure or function in the living  
10 organism, and "psychotropic" drugs as those which alter  
11 sensation, feeling, consciousness and psychological  
12 or behavioural functions. The Commission has tentatively  
13 defined "medical use" in terms of generally accepted  
14 medical practice -- under medical supervision or not.  
15 All other use is "non-medical use".

16 By itself, a prescription  
17 does not distinguish medical from non-medical use. A  
18 non-prescription drug like aspirin may be taken for  
19 medical use. Or a prescription drug may be taken for  
20 generally accepted medical reasons, then no longer  
21 required.

22 The Commission is invited by  
23 its terms of reference to "marshal the present fund of  
24 knowledge concerning the non-medical use of sedative,  
25 stimulant, tranquillizing, hallucinogenic and other  
26 psychotropic drugs or substances."

27 But since an interim report is  
28 expected shortly, and a final report within two years,  
29 the Commission will have to be selective.

30 It must consider what appear to





1 be the principal issues which led to its appointment.

2 The Commission has the initial  
3 impression that its primary focus must be on the non-  
4 medical use of drugs by the young and by adults as it  
5 relates to or affects the use of drugs by youth.

6 The Commission has drawn up  
7 a preliminary classification of psychoactive drugs,  
8 which falls into the following eight categories;  
9 hypnotics-sedatives; stimulants; psychedelic-hallucino-  
10 genics; opiates-narcotics; volatile solvents and gases;  
11 analgesics (non-narcotic painkillers); clinical anti-  
12 depressants; and major tranquillizers.

13 The Commission sees its  
14 primary emphasis on the following categories;

15 1. The psychedelic-hallucino-  
16 genic, which includes cannabis (marijuana and hashish),  
17 LSD and mescaline and the other "restricted drugs"  
18 placed under the new schedule J of the Food and Drugs  
19 Act: DMT, STP (DOM), and DET;

20 2. The stimulants, including  
21 such amphetamines as benzadrine and methadrine --  
22 generally referred to as "speed";

23 3. The volatile solvents and  
24 gases -- often referred to as "delirients", such as  
25 glue, nailpolish remover, and paint thinner;

26 4. The sedative-hypnotics,  
27 such as the barbiturates (used as sleeping pills),  
28 the minor tranquillizers, and ethyl alcohol;

29 5. The opiate-narcotics, such  
30 as heroin.





Alcohol and nicotine are clearly mood-modifying drugs used for non-medical reasons and therefore within the terms of reference. However, the Commission could not possibly perform its task if it were required to consider the extensive research carried out on these substances. A realistic view compels the Commission to regard the non-medical use of alcohol and nicotine in their relation to the non-medical use of other psychotropic drugs. This is also the Commission's position, at least initially, on the non-medical use of the opiate-narcotics, such as heroin.

These so-called "hard drugs" are not excluded from the terms of reference, because they do have psychotropic properties. But as with alcohol and nicotine, the Commission cannot hope to do justice to the extensive literature on the subject. The "hard drugs" are therefore to be examined in their possible relationship to the non-medical use of the "soft drugs".

Two contentions brought to the Commission's attention may illustrate what is meant by "relationship" to the non-medical use of soft drugs.

The first contention is that extensive social use of alcohol not only creates a permissive climate of drug use, but also reflects a provocative injustice and even hypocrisy in our legislative and law enforcement attitudes. The second contention is that the use of certain soft drugs like cannabis (marijuana) leads very often, if not generally, to hard drug addiction.





27 I should like now, to say  
28 something about the procedure which we follow at these  
29 public hearings and a word about the presence of the  
30 television here this morning. Our public hearings, of





1 course, are only one of the means of inquiry which we  
2 are following and we are holding private hearings,  
3 and consulting with experts and doing various types  
4 of research, but we do attach considerable importance  
5 to our public hearings because of the nature of the  
6 issues involved in this Inquiry and they are not  
7 decisions which can be left to scientists alone.  
8 The scientists have a contribution to make providing  
9 factual basis for these decisions, but they are issues  
10 and decisions of a profoundly moral character, which  
11 in the end of the day have to be made by the people  
12 of Canada on the basis of what they think is a wise  
13 response to this phenomenon. They are decisions  
14 concerning the responsibility of the state for this  
15 particular phenomenon or behaviour, the appropriate  
16 role of the law, what should be our attitude towards  
17 education and information, and what should be our  
18 attitude towards treatment. So that we have tried in  
19 these hearings to generate a true public forum and  
20 to conduct them in a fairly informal manner, so as  
21 to give everyone present an opportunity to give us the/ benefit of  
22 your views. We will have scheduled briefs and at  
23 the conclusion of these scheduled briefs, there is  
24 an opportunity for questions and observations by the  
25 Commission and by everyone else who is present. And  
26 as you can see we have placed microphones in the aisle.  
27 I see there is only a microphone in this aisle at the  
28 moment and hopefully there will be another one over  
29 there. And I hope that you will feel free to give us  
30 the benefit of your understanding and your recommenda-





1 tions. It is not necessary, and I stress this, to  
2 have a formal, much less a written brief to participate  
3 in this process.

4 Now I should make some  
5 further observations about the precise position we find  
6 ourselves in with respect to our interim report, and  
7 also the presence of the television here today. We  
8 have had some reservation about this, but it was said  
9 that there should be before our hearings are over, some  
10 record of the manner in which we have proceeded and  
11 as a matter of public interest, and that this is  
12 information which should be accessible more widely  
13 to the public, and we have acceded to this argument,  
14 I must say, with some misgivings. Because the policy  
15 we adopted at the outset of our hearings is that we  
16 would not permit cameras, television or otherwise  
17 to be used to photograph members of the public who  
18 are participating in our hearings. We have no  
19 objection to having scheduled witnesses who appear at  
20 the table here to be photographed, but we felt that  
21 others who came here to intervene in an informal  
22 manner, had a right not to be photographed unless  
23 they agreed and we established this policy at the  
24 very outset of our hearings and (the media respected  
25 it scrupulously) and understood it. And then we had  
26 this further argument pressed upon us at a time when  
27 we thought our interim report would be available to  
28 the public and we thought that perhaps there was  
29 a justifiable distinction that there should be at  
30 least one record of our hearings in the public interest





1 but we would give ample notice of this so on one  
2 would be taken by surprise, and no one would be here  
3 who did not wish to be photographed. And I must say  
4 the attendance here today is a little more (spare)  
5 than we have been accustomed to and I don't say that  
6 in any way reflecting on Hamilton. More may come,  
7 but I would not be surprised if the presence of the  
8 media has not inhibited to some extent the presence  
9 of young people who have generally been represented  
10 in greater numbers at our hearings. Now I don't say  
11 this is a criticism, but I think it is a fact. At  
12 every hearing practically across Canada, and we have  
13 had over twenty now, young people have expressed  
14 initial concern as to whether they were going to  
15 incriminate themselves, whether they could safely  
16 testify before us in public. Now I have had to say,  
17 and I emphasize this particularly today, that there  
18 is no protection which can be afforded to them when  
19 they testify in public and we do not seek knowledge  
20 of anyone is particular experience. We do not  
21 desire that anyone should incriminate themselves;  
22 on the contrary. We expect from our public hearings,  
23 general expressions of opinion, naturally based  
24 in many cases of individual experience, but we  
25 do not expect to have the circumstances of individual  
26 experience, particularly of an incriminating nature,  
27 described to us or disclosed to us in public.  
28 We are empowered by our terms of reference to take  
29 testimony in private and to take it anonymously, both  
30 confidentially and anonymously, to withhold identity of





1 witnesses, and we have done this to a considerable  
2 extent across Canada. So if there are people here,  
3 or in Hamilton who wish to testify privately and  
4 anonymously to us, in the course of these next two  
5 days suitable arrangements can be made with the  
6 Executive Secretary, Mr. James Moore. So that I want  
7 to clearly -- the television incidently will not  
8 be here tomorrow. I want, however, the ground rules  
9 clearly understood, that we conceded this as an  
10 exception for the public record but I emphasize the  
11 fact that no one has any protection. On the other  
12 hand, that situation has not inhibited a free flow  
13 of discussion in our hearings; it has not inhibited  
14 young people in particular from speaking to us very  
15 frankly, with great conviction, and I should observe,  
16 very often, great eloquence, expressing their  
17 feelings about our present public policy on the  
18 subject, and I hope it will not inhibit the free and  
19 informal discussion which is so valuable to us as a  
20 Commission.

21 I should, before I make a  
22 couple of further observations; my initial remarks  
23 are more extended because of all these circumstances,  
24 but I should observe the presence of our counsel,  
25 Mr. John Bowlby, Q.C., who was not at the table when  
26 I made the introductions, and is well known to all  
27 of you in Hamilton, to whom we may refer on these  
28 questions of the precise legal position of the Commission  
29 with respect to testimony.

30 Now, perhaps two more observations



1 having to do with the interim report and the state  
2 in which we find ourselves at this time in the inquiry.  
3 We had expected that the interim report would be  
4 public before we came to Hamilton, at the date which  
5 was originally scheduled. As you know, we decided  
6 to postpone that hearing in the hope that we would  
7 then have the interim report as a kind of sounding  
8 board, and basis for the hearing.

9 Well, the interim report  
10 has been ready since the beginning of April, the  
11 English version, and we have been delayed a little  
12 bit in completing the French version, and this is  
13 now complete, and we hope that we would be in a position  
14 to deliver the report very shortly, but these were  
15 difficulties we did not anticipate. We took as long  
16 as <sup>we</sup> reasonably, and perhaps unreasonably, could on the  
17 preparation of the interim report. We received this  
18 assignment when we took office; we were not consulted  
19 about it, the wisdom of it and whether it was  
20 desirable; we accepted it as a duty to bring out an  
21 interim report. We knew that we had to have a certain  
22 minimum of public hearing for any report that could  
23 be considered responsible and we scheduled the hearings  
24 as early as we could across this country and tried  
25 to develop a sufficient basis of hearing, but we had  
26 to prepare the interim report, and we had to complete  
27 it after a certain time, and it was not possible for us  
28 to complete all of our hearings before we put the  
29 interim report to bed, so to speak. We anticipate,  
30 however, that we would have the interim report as





1 a sounding board for subsequent hearing we have  
2 scheduled. We are now working on the final one  
3 and I want to stress the fact, that there should  
4 be no sense of anti-climax, especially about the  
5 point raised, that there is no point in continuing  
6 these hearings. On the contrary. If the interim  
7 report has done anything for us, it has helped  
8 us to identify the issues, it has helped us to  
9 identify the areas we should probe more deeply  
10 for understanding. The hearings if anything,  
11 have taken on a sharper focus. In a sense we are  
12 a little more prepared, and we have to prepare the  
13 final report within this ensuing year, so that  
14 we are still very much in the middle of our inquiry,  
15 and this hearing is very relevant to our deeds at  
16 this time, and will be reflected in our final report.  
17 So that I wouldn't want anyone to feel any sense of  
18 anti-climax. I may say, without disclosing, I  
19 can't, of course, disclose any of the findings or  
20 interim recommendations, but I may say that we are  
21 far from satisfied that we have as a complete an  
22 understanding of this phenomena as we think we ought  
23 to have, and we still have some distance to go in the  
24 development of our understanding of the issues, and  
25 also in the development of our final recommendations  
26 concerning a system of social response. And the  
27 feasibility of a system of social response, the wisdom  
28 of it, will depend, in our judgment, very much, on the  
29 kind of feel we get from the people who are living  
30 with the phenomena, who understand it, who have the





1 sense of the limitations of the various means of  
2 social control which can be brought to bear to a  
3 phenomenon like this, who have the sense of the effect  
4 of the law, who have a sense of what we can achieve  
5 through education and so on and the perception of  
6 the phenomena in Canada, the spirit of it is changing,  
7 the nature of it is changing, and the patterns of  
8 drug use are changing. It is a dynamic situation and  
9 therefore, we can't stay too closely in contact with  
10 public experience and opinion on it, and so this  
11 hearing is, as far as we are concerned, we are going  
12 to continue with these hearings, and this hearing  
13 is as close to our sense of urgency about this  
14 phenomena as any others we have had.

15 Finally, I just want a word--  
16 please forgive me for the length of my introductory  
17 remarks, but I think the situation perhaps calls  
18 for a little more than the usual introduction we  
19 make. A final observation; people have said  
20 to us, "Look, how can we have anything new to tell  
21 you, you have been across this country, you have  
22 been to over 20 universities you must have heard the  
23 same thing over and over again, well, what can we  
24 say"?

25 Now, let me say this, we  
26 have invariably, in every community, we have, first of  
27 all, found particular experience, particular conditions,  
28 particular response, and more than that, we had  
29 thrown new light and fresh light on the problem and  
30 more, we have learned new things from that about various



1 aspects. Each community seems to have certain kinds  
2 of experience which is particularly instructive,  
3 be it with law, with education, with treatment, with  
4 the manner in which the community organizes itself  
5 to deal constructively with phenomena like this.

6 Further, it is very important  
7 for us to have confirmation of certain points of the  
8 prospective because we are trying to find--we are not  
9 counting heads in a political sense, that is not our  
10 function, but we are trying to find the weight of  
11 Canadian experience and opinion and wisdom in the  
12 phenomena, and therefore it is important for us,  
13 simply to have confirmation in different words of  
14 certain points of view (which suggests that which was  
15 important may not be so important or valid as we  
16 thought.

17 So that is the position in  
18 which we come to Hamilton, and we hope that we will  
19 have the benefit of your experience and your views  
20 and understanding of this very important question.  
21 Now I shall call on the Canadian Labour Congress,  
22 represented by Mr. Andrew Andras, Director of the  
23 Legislative and Government Employees Departments,  
24 and Mr. Gordon McCaffrey, Assistant Director.  
25 If you two gentlemen would like to be seated at  
26 this table?

27 MR. ANDRAS: Yes. Thank you,  
28 Mr. Chairman. My name is Andrew Andras, I am Director  
29  
30





1 of the Legislative and my colleague is Mr. Gordon  
2 McCaffrey, the Assistant Director of the Legislative  
3 and I would like to say that first of all, ordinarily  
4 the Canadian Labour Congress is represented by one of  
5 it's officers. We are neither one of us an officer,  
6 we are officials, however, we have a convention in  
7 Edmonton, on Monday next, and our officers already  
8 have had to go out west for that purpose. And  
9 therefore, we are the spokesmen here today. I should  
10 like to apologize for the fact that contrary to our  
11 ordinary usage, we were not able to submit our  
12 brief in advance, nor are we able at this time to  
13 give it to you in both languages. We will provide  
14 you with a French copy, as soon as possible.

15 My colleague, Mr. McCaffrey  
16 has been the one who has been largely involved with  
17 the preparation of our submission, and with your  
18 permission I should like to ask him to summarize,  
19 if you will, the main contents of our brief, and we  
20 will then be exposed to such questioning as you  
21 may care to ask us.

22 THE CHAIRMAN: Thank you.

23 Mr. McCaffrey?

24 MR. McCAFFREY: Mr. Chairman,  
25 gentlemen, friends; your Commission has received a  
26 variety of submissions describing the extent of drug  
27 use and assessing the degree of dependency. We don't  
28 command the expertise to comment on the medical and  
29 pharmacological aspects of drug abuse or misuse, but  
30 as the national spokesman of more than 1,600,000 trade





1 unionists in Canada, we feel that we can express a  
2 valid point of view on the social implications and also  
3 make some proposals for public policy.

4 As Mr. Andras has suggested,  
5 we will not read the brief, but I would like to  
6 summarize the main points, and summarize some of the  
7 arguments that follow. Our submission is limited to  
8 the following points:

9 The misuse and abuse of drugs  
10 constitutes a serious personal and community problem  
11 which is not reflected adequately in social policy.

12 Secondly, children, youth and adults from all quarters  
13 of the community are involved in the misuse and abuse  
14 of drugs. But the use of drugs of many types by young  
15 people has a counterpart in the use of drugs, narcotics  
16 and intoxicants by adults.

17 The problem for the considera-  
18 tion of your Commission, and the one which faces  
19 Canada, is not one of drugs, but one of drug users.  
20 Therefore, public policy should deal with drug use  
21 in a social context.

22 Fourth, the aspect of  
23 criminality which surrounds the use and the sale of drugs  
24 should be re-examined. Public policy should draw a  
25 distinct line between users and sellers of drugs.

26 Fifth, public policy should  
27 establish a clear distinction between the use and  
28 sale of "hard drugs" and "soft drugs".

29 Sixth, we accept the testimony  
30 of expert witnesses who have claimed that more research



1 is needed to determine the long-term effects of drug  
2 use. We support the allocation of more public  
3 resources for both research and publication of  
4 scientific information.

5                   Seven, we believe that hard  
6 drug users should be treated at public expense in  
7 supervised group therapy centres, and that soft drug  
8 users should be rehabilitated at public expense through  
9 out-patient departments of hospitals and informal  
10 community-based agencies.

11                   Finally, we believe that drug  
12 misuse and abuse are symptoms of tensions and defects  
13 in our technological society and in its traditional  
14 institutions. More effort must be directed toward  
15 dealing with human problems and improving the quality  
16 of life of Canadians.

17                   We say, further: despite the  
18 severe treatment of offenders, present legislation does  
19 not accomplish what it presumably set out to do, namely,  
20 stop the flow of narcotics into Canada; to stop  
21 trafficking in narcotics; and to stop the use of  
22 narcotics. Nor does it adequately provide for the  
23 treatment of drug users.

24                   We say, that legislation is  
25 particularly ineffective in preventing the use of  
26 mind-altering drugs by increasing number of young  
27 people. And we point to the increasing use of  
28 marijuana. We fail to understand the logic of severe  
29 punishment for possession of marijuana. First, there  
30 is no agreement in the scientific community on the





1 pharmacological -- or on the psychological and  
2 physiological effects of using marijuana.

3                                 Since the community lacks  
4 the answers to important questions in this respect, why  
5 do we persist in making possession an offense under the  
6 Criminal Code? Secondly, according to the literature  
7 on the non-medical use of drugs, there is no evidence  
8 that casual use and experimentation with certain soft  
9 drugs, per se, by persons of good character and family  
10 environment, leads to excessive use of soft drugs, or  
11 by progression to hard drugs. Thirdly, if society  
12 continues to make illegal the possession of marijuana,  
13 it is highly questionable whether it should be lumped  
14 in with heroin as a forbidden substance.

15                                 Pending further research into  
16 the long-term effects of using marijuana and other  
17 cannabis derivatives, it is surely advisable to take  
18 a middle course; that is, remove marijuana or possession  
19 of marijuana from the purview of the Criminal Code, make  
20 it an offence to offer marijuana to a juvenile, and  
21 warn adults of the lack of complete pharmacological  
22 data on marijuana.

23                                 We go further in our brief  
24 to speak of the growth of <sup>a</sup> drug culture in Canada,  
25 which involves not only young people, but also the  
26 adult population. We quote extensively from a report  
27 by the Canadian Medical Association. I am sure that  
28 this has been presented for your record and I will  
29 not repeat it for this audience.

30                                 Further to the aspect of





1 criminality, the Congress urges your Commission to  
2 make a clear distinction between users and sellers of  
3 drugs. Sellers of narcotics should continue to be  
4 punished severely. The law should be strengthened to  
5 make the supplying of narcotics to a juvenile, which in  
6 the case of <sup>a</sup> drug which is prohibited, should mean any  
7 <sup>under</sup> person/the age of 18 years, should make supplying  
8 of such a drug an offense contributing to juvenile  
9 delinquency.

10 Users of drugs should not  
11 be prosecuted under the Criminal Code. Such treatment  
12 can cause greater injury to the individual and to  
13 society than the offence, or the alleged offence, itself.

14 In popular use, there are  
15 the terms, "hard drugs" and "soft drugs", hard drugs  
16 being those which are considered to lead to dependency  
17 and soft drugs, those which do not. We think that  
18 a more useful distinction for public policy would be  
19 between drugs which contribute to behaviour which is  
20 harmful to society or which threatens the health of  
21 the user, and those which do not.

22 While we do not advocate  
23 the public sale of marijuana in view of the lack of  
24 scientific information on its properties, we recommend  
25 that the federal government intensify its research in  
26 co-operation with research efforts in other countries  
27 to discover the long-term and the medium term  
28 implications of using this drug.

29 Mind-altering drugs of the  
30 type which are prone to misuse are not difficult to



1 obtain. In all the major cities and most of the  
2 smaller centres, adults and adolescents alike who  
3 make an effort can contact a drug seller. But this  
4 is only part of the problem. Those who seek out drugs  
5 have either made a commitment to drug use, or are  
6 prepared to experiment. Much more serious is the  
7 pushing of drugs by traffickers to new prospects,  
8 particularly to adolescents who do not understand  
9 the perils they can encounter.

10 We are convinced that  
11 prohibition in itself cannot prevent the sophisticated  
12 individual, both adult and adolescent, from seeking  
13 sources of mind-altering drugs, if that is what he  
14 wants. Furthermore, the proliferation of drugs of  
15 many types will continue. It would be impossible,  
16 and undesirable, to ban the use of mind-altering drugs  
17 for physical and mental illnesses under medical  
18 prescription. However, it is inevitable that such  
19 drugs, obtained legally or illegally, will find their  
20 way into the hands of those who will use them, moderately  
21 or excessively, to achieve psychedelic and hallucinogenic  
22 experiences.

23 We believe that the constructive  
24 approach to the non-medical use of mind-altering drugs,  
25 and the only one which has any hope of protecting the  
26 innocent and the immature as well as the sophisticated,  
27 is to embark on a campaign of factual, scientifically-  
28 based education. We are aware that much more research  
29 must be undertaken to establish the long-term effects  
30 of drug use, but we believe that sufficient data is now





1 available through the various provincial and federal  
2 agencies and universities to embark on the public  
3 education program. There is no doubt that some  
4 tentative statements, subject to revision when new  
5 data becomes available, will have to be made. But  
6 enough is known to provide the young and innocent  
7 with a minimum degree of protection against predatory  
8 drug traffickers.

9 Finally, we feel that the  
10 steps that must be taken to reverse the growing  
11 dependence on drugs by individuals and recognizable  
12 elements of the population, are more the responsibility  
13 of social policy than departments of justice. We  
14 need to give more personal attention to school children  
15 who are truant or dropping out. We should continue  
16 with our attempts to make the education process more  
17 relevant to the needs of pupils and students. We need  
18 to pay more attention to the psychological needs of  
19 young people -- and adults -- who are prone to seek  
20 relief and escape in drugs.

21 Finally, we believe that drug  
22 misuse will continue to the detriment of the  
23 individuals who use them, and their families and friends,  
24 to the extent that people of all economic and social  
25 backgrounds feel alienated from their community and  
26 its institutions.

27 Thank you Mr. Chairman.

28 THE CHAIRMAN: Thank you Mr.  
29 McCaffrey, Mr. Andras.

30 MR. STEIN: Could I refer you





1 to your comments on trafficking. I am wondering  
2 whether or not you are interested in having any  
3 distinctions at all, made in the law as it relates  
4 to the question of trafficking? In other words,  
5 would you be--for example, the suggestion has been  
6 made to us that trafficking between juveniles where  
7 drugs are sold to persons under 18, perhaps should  
8 be considered at that stage in that kind of category.  
9 Also suggestions were made about consideration being  
10 given to the quantity involved; the point here, being  
11 that presently the law treats the giving of one  
12 marijuana cigarette similar to the transfer or  
13 sale of a kilo of marijuana.

14 Have you addressed yourself  
15 at all to the question of differentiating within the  
16 trafficking law, or do you see the need to be tough  
17 right across the board in that area?

18 MR. ANDRAS: With respect  
19 to trafficking among juveniles or between one juvenile  
20 and another, it seems to me there is a question of  
21 degree involved. If two children--we might as  
22 well call them that--engage in trafficking of a  
23 single cigarette for example,--I am afraid I do  
24 not know the jargon of the trade, Mr. Chairman, you  
25 will have to excuse my lay language; but if the  
26 youngsters engage in trafficking of that kind, it  
27 would be, I think a misdemeanor, an undesirable  
28 activity which makes it more important to consider  
29 it as such, as a misdemeanor because of what is  
30 involved than the large scale trafficking which you



1 offered as an alternative.

2 THE CHAIRMAN: Dr. Lehmannn?

3 DR. LEHMANN: Would you imply  
4 then that the mere possession would involve no law --  
5 punishment at all? It would be a misdemeanor, the  
6 mere possession.

7 MR. ANDRAS: We are looking  
8 at you obliquely and I can't see your names and I  
9 have a poor memory for names, in any event. Well,  
10 Dr. Lehmann, it is a difficult question to answer for  
11 one of my own generation in particular. We have been  
12 raised up to think that if one breaks the law, then  
13 one has broken the law. The question of degree is  
14 one determined by the judge. But we are talking now  
15 of a situation which effects large numbers of young  
16 people, young people in their teens, many of them  
17 in their early twenties. And what we have found,  
18 and what we indicate in our brief is that mere  
19 possession, and I will put the word "mere" in  
20 quotation marks if you wish, has created a status of  
21 criminality among an element of a population who, by  
22 and large are not criminals, have no predisposition  
23 to be criminals and are not likely to become criminals  
24 under ordinary circumstances. They may engage in  
25 criminal activities should they become addicts of  
26 hard drugs, but <sup>if</sup> we are talking here, say, of marijuana,  
27 than the likelihood of criminality in the pursuit of  
28 that particular, what shall I call it, drug, should be  
29 differentiated. In our own experience, personal  
30 experience or otherwise, it seems to me, at the risk





1 of being repetitious here, we should try and avoid  
2 this stigma of criminality in dealing with young people  
3 who are experimenting with drugs of that kind. I  
4 think we have got to bear in mind, if we can engage  
5 in a discussion with any degree of objectivity, that  
6 there is always the inclination of young people to  
7 demonstrate their maturity and their adulthood. In  
8 my own generation that was demonstrated by getting  
9 drunk at the age of 18. Now the young people who are  
10 18, demonstrate it, I think, and I have no right  
11 really to speak for them, I can only speak subjectively  
12 they demonstrate it by another form of intoxication.  
13 Now I would submit that this is part and parcel of  
14 social milieu; it is an environmental factor that  
15 we are concerned with here, basically. If I may put  
16 it in other terms, this kind of drug use, in fact the  
17 addiction not only of drugs, but of alcohol, of  
18 nicotine, is really, in a way, a search for euphoria;  
19 it is a social phenomena. I hope I don't sound  
20 presumptuous, but I put it to you/as a Commission you are  
21 duty bound to examine your terms of reference in the  
22 social context of that kind, and if you fail to do  
23 so then I submit to you that you have failed to deal  
24 with the problem that you are concerned with.

25 THE CHAIRMAN: Yes. We quite  
26 agree with you on that point. Indeed, our terms of  
27 reference are explicit on it. We are required to  
28 inquire into the current state of medical knowledge  
29 concerning the effects of these drugs; we are  
30 required to inquire into the extent and the patterns



1 of use; and finally, we are required to inquire into  
2 the motivation and related social economic, educational  
3 and philosophic factors; that is to say, as we  
4 understand the whole social context of which you  
5 speak. And on that point, I should like to -- I  
6 wonder if you could give us some further idea of what  
7 you have in mind when you speak of dealing with the  
8 human problems and improving the quality of life of  
9 Canadians in so far as relates -- so far as they relate  
10 to this phenomenon. Could you give us a little more  
11 of your views on this?

12 MR. ANDRAS: I would be  
13 inclined to think that this is a self-evident  
14 proposition for all of us who live in Canada, or live  
15 in the western industrial society. We live a life  
16 that is an urban life, a highly industrialized one  
17 with a rapidly changing technology to which we have  
18 difficulties in adjusting. There are insecurities  
19 involved: from the point of view of our constituen-  
20 cy, very serious insecurity, unemployment, under  
21 employment, lack of income for the children of our  
22 constituency, for our own member children, lack of  
23 educational opportunity. We have a complex of  
24 stresses and strains in our daily lives, throughout  
25 our lives and it is perhaps natural and inevitable  
26 that people should seek to escape, even if only  
27 temporarily. Now there are different modes of  
28 escape and the modes vary with cultural outlook, with  
29 cultural stratum, with economic means and so on. Some  
30 people escape by running away to Suburbia, and to the





1 | golf courses; others use alcohol; others use drugs.  
2 | I use science fiction, for that matter. And this is  
3 | part of life; life is very hard; and there is a  
4 | natural and inevitable tendency to try and mitigate  
5 | the circumstances that surround us, and if I may  
6 | say further, you said that your terms of reference  
7 | included your examination of the social milieu, but  
8 | I was somewhat disturbed, at the same time, Mr. Chairman,  
9 | by your preliminary remarks where you said you were  
10 | examining the outlook on the part of Canadian people  
11 | who appear before you. It may be. I don't know  
12 | what others have said to you; it may be that you  
13 | have received an abundance of the conventional  
14 | wisdom on the subject, that is that you should take  
15 | a hard line. I would wish, and my organization would  
16 | wish that you should say it as you see it, and not  
17 | as people would like you to say it, and no matter how  
18 | harshly you may have to say it, or how plainly, it  
19 | is better that you should say what is unpopular than  
20 | you should have left unsaid what needs to be said.

21 |                                   MR. McCAFFREY: Mr. Chairman,  
22 | there are some specific references I would like to  
23 | add to Mr. Andras' elaborations. The quality of  
24 | life in Canada is directly related to income, and  
25 | right now there are several hundred thousand students  
26 | and young people still in high school even, that must  
27 | find jobs in order to enjoy a modicum of the quality  
28 | of life which adults take for granted because they  
29 | have an income. Many of these students won't get  
30 | a job this summer. Some of them won't be able to



1 return to their studies as a result or will have to  
2 live in sub-standard conditions. Those who have jobs  
3 in many cases, live in very poor circumstances. We  
4 are all aware of the housing plight of a good  
5 percentage of the population. There are many who  
6 live in and out of jobs almost continuously. They  
7 are members of the working poor. They have a job this  
8 week which they don't know will last until next week,  
9 and this covers a good deal of the drug using population,  
10 if not the drugs you are directly concerned with, at  
11 least with alcohol. So that the week-end drunk is  
12 a means of escape from the kind of life you have to  
13 live from Monday to Friday.

14 THE CHAIRMAN: Dr. Lehmann?

15 DR. LEHMANN: Would I be  
16 right then in summarizing what you just said, that  
17 there is a great deal of economic insecurity at the  
18 present time in Canada; that because of this there is  
19 a great deal of stress and strain, perhaps greater than  
20 there has been for some time; that because of this  
21 there is a greater need for an outlet or rather, an  
22 escape, to more euphoric states and that because of this  
23 there ought to be a softer approach to these attempts  
24 through drugs to achieve relief from the stress?

25 Now, if this summary would be  
26 right of your argument, let me then put this question:  
27 would you think that because of this there is a need  
28 or justification to add another drug to the already  
29 available ones such as alcohol and nicotine?

30 MR. ANDRAS: Well, I would say





1 | this, Dr. Lehmann, that perhaps you have misread  
2 | what we have had to say. We stand to the left of  
3 | what you have suggested. We would not subscribe  
4 | merely to the litigation of the present situation,  
5 | the economic situation which creates stress; we would  
6 | want to change the situation. We can understand the  
7 | drive for addiction of one kind or another, for the  
8 | use of alcohol or drugs, as the case may be. It  
9 | doesn't follow that this is the desirable way of  
10 | solving the problem. At the same time, since there is  
11 | a status quo which creates this kind of problem, and  
12 | we have to deal with people who are the victims of  
13 | it, then basically I think we must approach them with  
14 | humanity and understanding and seek to help, and  
15 | rehabilitate as the case may be, rather than to  
16 | imprison and to punish. It may be that we have no  
17 | alternative in certain cases, and certainly in the  
18 | case of hard drugs it seems there is no alternative  
19 | but to enforce the law, because it is a serious offence,  
20 | it is a practice which is damaging to people and to  
21 | society.

22 | THE CHAIRMAN: So you then,  
23 | merely advocate the removal of the prohibition against  
24 | simple possession for marijuana; would you be in favour  
25 | of retaining the prohibition against possession of  
26 | heroin for example, and the other drugs, hard drugs?  
27 | Is your case against a criminal prohibition of simple  
28 | possession confined to marijuana, based on what you  
29 | conceive to be the relative harm of marijuana?

30 | MR. McCAFFREY: In our brief,



1 we state that possession of any drug should not  
2 be dealt with under the Criminal Code.

3 THE CHAIRMAN: Of any drug,  
4 including heroin?

5 MR. McCAFFREY: Yes.

6 Further on the question  
7 raised by Dr. Lehmann, I think that what many new  
8 drug users are concerned with is, what is life all  
9 about? This is a question which has concerned people  
10 in every generation or people through the ages. I  
11 don't like to use the term "generation". It is  
12 mainly a seeking for socialization. Young people,  
13 as I understand the situation, don't like what they  
14 see; they do understand each other. Sometimes it is  
15 expressed by a feeling of alienation, but that doesn't  
16 really cover the situation for everybody because they  
17 haven't really -- they aren't alienated against anything  
18 because they don't know what they are alienated from.  
19 So we do not say that we want to authorize legally  
20 another narcotic; what we are saying, we want to  
21 place emphasis on the social problems and the drug  
22 question itself will be taken care of in that manner.  
23 But while taking care of the drug problem, in the  
24 interim we feel that the drug users should not be  
25 treated as criminals.

26 MR. CAMPBELL: One aspect,  
27 I think of that alienation, at least it has been  
28 suggested to us, that the major aspect is the feeling  
29 on the part of some considerable number of young  
30 people, that they are not, nor are they likely to be,





1 in a position to influence events that they regard  
2 as significant.

3 I think certainly I have been  
4 struck by/a fairly wide spread pessimism, that I have  
5 sensed among young people about the future of mankind.  
6 I think related to this, there has been an expression  
7 of doubt about the capacity of some of the major  
8 institutions to cope adequately with these problems.  
9 Some have suggested that this is a loss of faith  
10 or disenchantment with reason itself. Do you see  
11 ways in which the institutions of society -- and I  
12 think this would have to be the labour movement -- can  
13 offer a greater hope to young people, so that they are  
14 capable of coping constructively with these problems?

15 MR. ANDRAS: I would say that  
16 the young people are really the conscience of our age.  
17 They are demonstrating to us very articulately the  
18 defects of our society. They may say it in language  
19 which I personally would prefer not to use, at least  
20 not in public places, but they say it none the less,  
21 and it needs to be said, and they do us a service by  
22 saying it. So far as the generation to whom they  
23 direct their criticisms is concerned, of course this  
24 generation finds it difficult to accept such an attack  
25 on its institutions because it is settled. At the  
26 same time we are living through a time -- I think  
27 historically -- it is difficult to see our time in  
28 perspective; more in perspective we will see it/a couple of hundred  
29 years from now -- but it seems to me that our generation,  
30 mine, that was born before the 1st World War and



1 has lived through two World Wars and a depression,  
2 is a generation in which there has been a very serious  
3 breakdown in the accepted conventions. Wars lead  
4 to that kind of thing. So we are, generally speaking,  
5 as a western industrial society, in a state of crisis,  
6 and therefore it is important, if we recognize that  
7 at all, for all the institutions in this society,  
8 whether they are the trade unions, or the churches,  
9 or other institutions, to direct themselves to solutions  
10 based on the assumption that there is no return to  
11 the status quo, but there is a need to establish a  
12 new status quo. Now you speak to me as a trade union  
13 official and this is my background and my training.  
14 We are one of the many institutions in society, a  
15 very highly specialized one, devoting itself primarily  
16 to the interest of its members, but at the same time  
17 with a very high degree of consciousness that it has  
18 responsibility to society as a whole.

19 We are economically oriented.  
20 We think that if sufficient economic changes are made  
21 and a much greater degree of economic security  
22 provided, that some of the ills of our society will  
23 cure themselves.

24 MR. CAMPBELL: Surely one of  
25 the things that a lot of the young people are saying  
26 is that there is an over-stressing of the economic  
27 problem. Though you may not agree with that perspective,  
28 but it is a fact that they are saying it is one of  
29 the problems.

30 MR. ANDRAS: They are saying





1 that because their experience is one of a considerable  
2 degree of economic security by contrast to my  
3 generation. I was a child of the depression. I left  
4 school in 1930, I went into unemployment, into low  
5 wages which nearly never healed itself until the 2nd  
6 World War came about, and I am marked; my whole  
7 generation is marked by that experience. It is very  
8 easy to be intolerant of the young people under those  
9 circumstances. I tell my son that my first job was  
10 for \$6.00 a week, which meant \$1.00 a day for a six  
11 day week and this is an incredible statement. He can't  
12 absorb it. He will accept my statement that it is  
13 true, but he cannot conceptualize it.

14 MR. CAMPBELL: What about  
15 an institution like yours that has these groups,  
16 of legitimate groups, but there is a shift of  
17 perspective in the generations below you, and they  
18 are saying in many cases, you are over-stressing the  
19 economic. Do you have a responsibility to be perceptive  
20 to that mood?

21 MR. ANDRAS: Yes, we have,  
22 because we have no right to impose on them, the values  
23 that we derive from our own experience. If they, in  
24 their examination of society find our experience  
25 in many respects defective, can validate the defective  
26 aspects of it, and can offer some positive alternative  
27 solution, my criticism of any of them would be that  
28 there is among a good many of them a tendency to  
29 opt out rather than to take over the role that  
30 naturally belongs to them. Because after all youth



1 is not an established situation. They are going to  
2 become adults.

3 MR. CAMPBELL: Are you as an  
4 institution taking any particular steps to allow youth  
5 the particular expression within your structure,  
6 of making yourself notably or particularly sensitive  
7 to these views?

8 MR. ANDRAS: In some of our  
9 larger and more imaginative trade unions, let me put  
10 it that way -- this is a problem which has gained  
11 recognition.

12 MR. McCAFFREY: Mr. Chairman,  
13 I would like to go back to the original question  
14 by Mr. Campbell, two parts. The second one has just  
15 been answered by Mr. Andras, and that was the ability  
16 of youth to cope with events. You were suggesting  
17 that youth is saying that they don't have any  
18 influence. I don't agree with that suggestion. I  
19 believe that youth in America, including Canada as  
20 part of America, has had a great influence on public  
21 opinion with respect to the war in Vietnam. In one  
22 of his recent national television addresses, the  
23 President of the United States admitted that the  
24 majority of you people watching me want the war in  
25 Viet Nam to end, something that the President had  
26 not admitted up to that stage, and I think the youth  
27 of the country is primarily responsible for the change  
28 in public opinion.

29 The other question which you  
30 mentioned is the question of pollution. We have had





1 pollution in this country for fifty years. It has  
2 become worse since World War II. It is growing  
3 industrialization. But it wasn't until the youth at  
4 the University of Toronto and then other universities  
5 organized such groups as a Pollution Probe, that it  
6 became a question of national concern. It was an  
7 isolated problem everywhere but nobody ceased it and  
8 made it a national problem.

9                               The question of drop-in centers  
10 for the treatment of drug users has been dealt with  
11 mainly by young people. They are dealing with drugs  
12 on the spot, while we are talking about it here. So  
13 youth does have a big impact on society. I think the  
14 difficulty is that the adult world which runs all of  
15 the public institutions and the private institutions,  
16 doesn't give young people enough responsibility  
17 soon enough. They are obviously capable of doing the  
18 work but we don't have a way of finding a place or  
19 voice for them. And the labour movement is just as  
20 bad as some of the worst. For example, the labour  
21 movement doesn't have a Senate such as political  
22 parties have, to graduate their seniors and make  
23 room for young ideas. We recognize this, but it is  
24 not a problem we have dealt with yet.

25                               THE CHAIRMAN: You emphasized  
26 economic insecurity as one of the factors predisposing  
27 to adult drug use, anyway. The impression we get  
28 however, from a lot of youth is that they are not  
29 particularly concerned, perhaps for obvious reasons,  
30 with economic insecurity, but rather with the quality



1 of life and in particular, with a technological  
2 competitive nature of modern industrial-life organization,  
3 including, perhaps, the conflict between management  
4 and labour and the organizations involved in resolving  
5 those problems. What are the prospects you see for  
6 introducing into our industrial life more human  
7 qualities, a larger place for human society? This is  
8 a note that is being struck at our hearings all of the  
9 time across the country, that youth is saying, "We  
10 want to feel more human. We are afraid of your  
11 technology and the complex massive thing which seems to  
12 threaten, to smother the individuality of society".  
13 What is the prospect for making the industrial order more  
14 human today, more receptive to the human qualities?

15 MR. ANDRAS: Under present  
16 circumstances, Mr. Chairman, the labour management  
17 relations must contain the ingredient of conflict for  
18 all their basic or rather extensive experience. I don't  
19 see any alternative to that. And I would submit to you  
20 that conflict in that environment has a positive value,  
21 that the conflict between labour and management has  
22 tended, if anything, to humanize industry, rather than  
23 the reverse. I don't want to be here as a propagandist  
24 for trade unions; it is not my function here today. But  
25 the existence of a union within an industrial establish-  
26 ment gives to the individual wage earner a status which  
27 he did not possess before; the opportunity to get  
28 due process, to get something in the way of respect,  
29 in the way of power, otherwise lacking to him. I don't  
30 think this is readily appreciated by those whose knowledge





1 of labour management relations is satisfied from reading  
2 your observation from the mass media. People don't  
3 appreciate the role of organized labour in our kind of  
4 marketing problem. What the young people and others  
5 have to say about our technological society, could be  
6 quite true. It tends to alienate. I think it was  
7 stated very well in a book that Eric Fraum wrote some  
8 years ago called the Sane Society and many other books,  
9 more recently the one by Jacque Elure, Technological  
10 Society but they say the same kind of thing. Our Society  
11 leads to stress and if the young people say we reject it,  
12 it hard to blame them for rejecting it. What I think  
13 they can be blamed for, is their failure to seek to  
14 establish a satisfactory substitute.

15 MR. STEIN: Could you indicate  
16 something of the nature by which this brief was put to-  
17 gether. You indicate in the first paragraph that the  
18 trade union movement is a movement of over 1.6 million.  
19 Was there some process by which the members of the trade  
20 union movement came to some consensus on the points you  
21 made, or in what way is this brief reflective of the  
22 1.6 million people; if at all?

23 MR. ANDRAS: I can explain to  
24 you how we operate as an institution, and that will answer  
25 that will answer the question. We do not govern ourselves  
26 by the process of referendum. The Canadian Labour Congress  
27 itself is a trade union center which merely consists of  
28 its affiliates; and their membership in it is voluntary.  
29 If they were to disaffiliate there would be no Canadian  
30 Labour Congress. But it exists because the affiliated



1 unions want to to. We meet biannually in convention  
2 and the congress, as such, is given a mandate from the  
3 delegates that come from various unions, which are in  
4 affiliation. We deal with some hundreds of resolutions  
5 on a variety of topics. Our conventions are biannual.  
6 Inbetween conventions, the authority to shape a policy  
7 is vested on the elected officers and the executive  
8 council as a whole. And so when an issue arises at the  
9 creation of your own condition we make a determination  
10 as to what our policy ought to be in the light of our  
11 very intimate knowledge of our constituents. And this  
12 brief therefore, represents the thinking, the judgment  
13 of our officers, on what approach we believe we should  
14 take on a situation such as this.

15 MR. CAMPBELL: Would your  
16 recommendations be referred to the next biannual  
17 convention for ratification or expression of opinion?

18 MR. ANDRAS: Yes.

19 MR. McCAFFREY: Mr. Chairman,  
20 there are two resolutions before the convention and the  
21 inquiry might be interested to see what becomes of those  
22 resolutaions by next Friday. The main trust of the two  
23 resolutions is identical to our brief; mainly, that drug  
24 use should be examined in the social context and not as  
25 a crime.

26 MR. CAMPBELL: In your brief,  
27 as with a great many organizations you thrust the need  
28 for factual scientific (portion inaudible). Now, from  
29 time to time the position has been put to us, that one  
30 aspect of the drug phenomena is the scientific knowledge





1 effects; short, long, medium range. But another aspect  
2 that is extremely important to the drug user is that of  
3 the subjective effects, often highly individual, often  
4 thought to be by the user, profoundly important, philo-  
5 sophical or religious in their nature, and frequently  
6 advanced by the drug user as having a real benefit for  
7 the individual, but this is a subjective experience.

8 Is it your view of proper  
9 drug education, a view that would suggest the educator  
10 has a responsibility of providing education about that  
11 experience and the claimed benefits of the drug experi-  
12 ence along with the perhaps, harder scientific inform-  
13 ation about them; the biochemical change and so on?

14 MR. ANDRAS: I think you are  
15 making an artificial distinction there, with respect,  
16 Mr. Campbell. I think these subjective reactions to  
17 the use of drugs are part and parcel of the whole  
18 question of the scientific understanding of what  
19 drugs do. We know a great deal about many of these  
20 drugs. It is well to bear in mind that drugs have  
21 been used for religious purposes for thousands of  
22 years. They were used under controlled circumstances  
23 and for certain well specified reasons. It was a  
24 search for some divine truth and wisdom. I doubt  
25 very much that this is the motivation at the present  
26 time. The use of drugs now, is apparently, that it opens  
27 the mind, it expands the horizon, leads to a better  
28 understanding, adds colour to life and so on. But  
29 there lies behind that the effect of the use of drugs  
30 on the individual, either physically or physiologically.



1 mentally or morally, or socially, and these are  
2 aspects which are as important for study and research  
3 as the study of drugs of my good friend Dr. Farmilo  
4 sitting at the table. Our social scientist have  
5 as much responsibility as the pharmacologists and  
6 other scientists.

7 MR. CAMPBELL: And the  
8 statement of the drug user, of, let's say, for  
9 instance Timothy Leary has argued that the use of  
10 LSD is a religious sacrament. Is this part of the  
11 educational content that you debate?

12 MR. ANDRAS: I confess, I  
13 don't prescribe to that observation.

14 MR. CAMPBELL: No, no, that  
15 is not the point. I don't think it is necessary that  
16 you prescribe. The point I wanted to raise with you  
17 was, should the statement be part of the information  
18 transmitted in an educational program?

19 MR. ANDRAS: I think they  
20 should be submitted to critical appraisal in the  
21 same way that any other statement is made by somebody  
22 who (inaudible) speaks with a voice of authority  
23 on the basis of his own knowledge and experience. I  
24 think that no statement made by anyone in this context  
25 should be accepted at face value whether it happens  
26 to be a sectarian or anyone else.

27 THE CHAIRMAN: Well, apart  
28 from being accepted should it be conveyed as part  
29 of what is said about non-medical drug use? I mean  
30 this is the issue, what is your general policy on drug





1 education and drug information? Do we tell all the  
2 truth, or all that we think is relevant and then  
3 subject it. Obviously, I suppose it has to be  
4 subjected or exposed to critical evaluation, or do  
5 we set out with some purpose and try to achieve some  
6 point of view or balance? In other words, what is our  
7 general attitude towards non-medical drug use to be?  
8 I see for example the use of two words, "misuse", and  
9 "abuse" in your brief, and they suggest some point  
10 of view on drug use, my criteria. What--perhaps  
11 I might bet behind my question a little more directly  
12 by saying, what do you understand by "abuse" and "misuse"?

13 MR. McCaffrey: I think the  
14 criteria are twofold, drugs we don't know enough about  
15 from a scientific point of view, should not be offered  
16 to children, minors, under any circumstances, and it  
17 should be a criminal offense to offer certain drugs to  
18 children. The certain drugs should be determined by  
19 the scientific community. The second aspect is that  
20 adults, and we suggest anybody 18 years old or older,  
21 should be able to make up his own mind. We feel that  
22 the law can't make up his mind for him, and a system  
23 of prohibition won't work; therefore, it is incumbent  
24 upon society to warn adults of the known hazards of  
25 drugs and also warn adults that there are some drugs  
26 about which we know very little. So that at least  
27 if they are tempted to experiment or use them  
28 habitually, they will realize that they might be  
29 doing harm to themselves.

30 THE CHAIRMAN: Do you mean



1 that the sale of these certain drugs to adults should  
2 not be a criminal offence, should not be trafficking  
3 that is prohibited by law?

4 MR. McCAFFREY: No, we are  
5 saying that trafficking of some drugs, and those drugs  
6 we feel should be specified once again by the  
7 scientific community, because we don't have the ability  
8 to determine their properties, those should be  
9 prohibited from sale.

10 THE CHAIRMAN: Generally?  
11 Because you made a distinction, you said it should be  
12 a criminal offence to offer certain drugs to minors.  
13 Then you said that adults should be able to make  
14 up their own mind, although they should be given all  
15 the information we can give them.

16 MR. McCAFFREY: Yes?

17 THE CHAIRMAN: Warning. Do  
18 we conclude from that, that it would not be a  
19 criminal offence to sell these certain drugs to  
20 adults?

21 MR. McCAFFREY: We are  
22 saying that trafficking in drugs which are prohibited  
23 should be a criminal offence.

24 THE CHAIRMAN: What is  
25 precisely the exception you make with respect to the  
26 sale to minors, then? I want to understand the  
27 significant inference on your recommendation about  
28 minors.

29 MR. McCAFFREY: Because we assume  
30 that children don't know what are the properties of





1 drugs. Assume adults can make the choice that even  
2 though they might be harmful, we are going to use them  
3 anyway and we don't think society is going to be  
4 effective in prohibiting that kind of use because of  
5 the underground trade.

6 DR. LEHMANN: Do you mean  
7 that the law should be more severe when trafficking  
8 is carried on by minors than by adults? You seem to  
9 imply trafficking should be prohibited in any case,  
10 then you single out the minors for more severe punishment  
11 of the trafficker?

12 MR. McCaffrey: I think you  
13 are not noticing our differentiation between possession  
14 and trafficking. We are saying that trafficking in  
15 drugs which are prohibited should be a criminal offense  
16 and we are saying that possession--that offering of drugs  
17 to minors should be an offense under the Criminal Code,  
18 but that possession of drugs by anybody should not be  
19 an offense under the Criminal Code.

20 THE CHAIRMAN: We understand  
21 that, that possession of any drugs should not be an  
22 offense, but when you say, "offering", you are speaking  
23 of trafficking, in effect.

24 MR. McCaffrey: Yes.

25 THE CHAIRMAN: I want to  
26 understand whether there is to be a distinction in the  
27 law between offering the minors and offering to adults  
28 of these drugs which are to be prohibited on the basis,  
29 as you say, of scientific judgment. It is just a question  
30 of understanding your position on trafficking and whether



1 it is to be treated more severely when it involves offering  
2 to minors.

3 MR. ANDRAS: I would think  
4 that offering to minors should be a particularly serious  
5 offense. It would be true, not only of drugs, but any  
6 other harmful toxic substance. We are a society which  
7 protects our children and we distinguish between things  
8 that are done to children and things which are done to  
9 adults. Surely that can be taken for granted.

10 THE CHAIRMAN: Trafficking  
11 generally in these drugs should be prohibited, but it  
12 should be more severely dealt with when it is trafficking  
13 to minors?

14 MR. ANDRAS: Yes.

15 DR. LEHMANN: In that  
16 connection you made one statement where trafficking to  
17 minors should be punished for contributing to juvenile  
18 delinquency. This could not be particularly true when  
19 the minor would not be a juvenile delinquent, simply  
20 possessing the drug, so therefore, the trafficker would  
21 not really contribute to juvenile delinquency.

22 MR. ANDRAS: I will leave  
23 it to you to suggest in which way the law should frame  
24 it, Mr. Chairman.

25 MR. McCAFFREY: I think the  
26 difficulty with possession is discovering it, and it  
27 is even more difficult to find a prohibited drug being  
28 used. Therefore, it is more severe, more serious when  
29 a child has a drug which is prohibited.

30 THE CHAIRMAN: Could I





1 return to the question about "misuse and abuse". What  
2 is the significance of the use of these terms in your  
3 view? What do you mean by the terms "misuse" and "abuse"?

4 MR. McCaffrey: In one  
5 context, the way I understand that is many students, to  
6 take one example, to to a pot party, where they may be  
7 curious to experience the smoking of marijuana. They may  
8 experiment once and never again. You couldn't say that  
9 they were misusing drugs. The difficulty with the law,  
10 however, or enforcing the law, is that you can't differ-  
11 entiate between the number of times a person uses a pro-  
12 hibited substance, because the evidence only pertains to  
13 the one case. Therefore, I think in dealing with the  
14 administration of the law, we have to have a law, which  
15 doesn't involve casual use in the same way as one who is  
16 abusing drugs. One who is abusing drugs shows certain  
17 symptoms which the authorities can identify immediately.

18 MR. Stein: Just to follow  
19 this and realizing it is a somewhat--in some ways a very  
20 difficult thing to pin down, you do also talk about the  
21 desirability of distinguishing, rather than using hard  
22 and soft drugs it would be more useful to distinguish  
23 between drugs which contribute to behaviour which is  
24 harmful to society. Now, you just said that the author-  
25 ities are quickly able to make that distinction. Often  
26 the distinction is made on the grounds that the activity  
27 is illegal; therefore, it is harmful to society to be  
28 committing an illegal act, and there is a certain amount  
29 of circular reasoning that goes on.

30 Could you indicate in what



1 way, as members of the institution you represent, and  
2 bearing in mind also the comments made earlier about  
3 young people being very antagonistic about the  
4 technological society, to what extent could you talk  
5 about your understanding of what would be harmful to  
6 society? Disregarding for the moment what experts  
7 or authorities might say, what would you take "harmful"  
8 to mean? We are on the same thing here as abuse, but  
9 what would you take it to mean?

10 MR. ANDRAS: Actually, it is  
11 an anti-social behaviour. I don't know whether this  
12 really answers this question.

13 MR. STEIN: Well right. Being  
14 antagonistic to technology. Would that be anti-social  
15 behaviour? I am thinking perhaps of what you did indicate  
16 earlier: opting out, deciding not to---

17 MR. ANDRAS: No sir, that  
18 is an expression of value judgment which may not be  
19 pleasing to the establishment, but it isn't, in my  
20 opinion, an anti-social kind of behaviour. I am thinking  
21 of those kinds of behaviour which we would all recognize  
22 as being anti-social; theft, violence,---

23 MR. STEIN: Third party kind  
24 of harm?

25 MR. ANDRAS: Quite. In our  
26 brief, as I recall it, we deal also with the injury a  
27 person may do to himself. Our society has tended,  
28 in some respects, at least not very successfully or  
29 altogether, to protect people against acts which they  
30 may do to their own injury, and I think this is the  
kind of thing we have in mind. My colleague may want





1 to express his views on that.

2 DR. LEHMANN: This reasoning  
3 would come in if the heroin addict would have to  
4 support his habit by stealing, therefore, by definition,  
5 becomes anti-social. Well, therefore, heroin is an  
6 anti-social drug. Well--or leading to anti-social  
7 behaviour. This isn't quite true. How would you  
8 deal with this kind of difficulty?

9 MR. McCAFFREY: Is the  
10 question related to the theft to support the habit?

11 DR. LEHMANN: Yes.

12 MR. McCAFFREY: Well, in  
13 our brief we did not read that section, but we do  
14 say that those who by their admission or by their  
15 behaviour are a menace to society, or themselves,  
16 or those who become public charges, should be compelled  
17 to submit to rehabilitation in a public institution.

18 It is not the using of the  
19 heroin, but the theft which is the public offence.  
20 However, my colleague, Mr. Andras, has mentioned that  
21 the use of the heroin might also be extremely harmful  
22 if not fatal to the individual.

23 DR. LEHMANN: From the medical  
24 point of view, not.

25 MR. McCAFFREY: Not fatal?

26 DR. LEHMANN: Only if it  
27 is used -- well, improper dosage or unknown samples;  
28 from the medical point of view, heroin is not a  
29 dangerous drug, except for the physical addiction,  
30 and that is really a social problem, more than a



1 medical one. So would you then say that heroin is  
2 a harmful drug?

3 MR. McCAFFREY: It is harmful  
4 because of the social implications of its use, but  
5 as far as we can tell, most heroin addicts support  
6 their habits by break and enter or by shop lifting.

7 DR. ELHMANN: That is  
8 because of society's laws.

9 MR. ANDRAS: Dr. Lehmann,  
10 may I intervene here. Yesterday, purely by coincidence  
11 we received a subscription copy of Medical Economic.  
12 This magazine is largely dedicated to (portion  
13 inaudible). Its latest issue is devoted to what is  
14 entitled "The Pursuit of High", a report on drug  
15 abuse at the (portion inaudible) arrived only twenty-  
16 four hours ago, and we haven't really had a chance to  
17 examine it carefully--but there is in it, spread out,  
18 unlike Playboy it is all type, and under heroin,  
19 long-term effects: "High tolerance, psychic and physical  
20 dependence with withdrawal sickness. Preoccupation  
21 with drug-taking. Use continued to avoid withdrawal  
22 sickness or fear of it, as well as to attain euphoria.  
23 Loss of appetite and sexual drive. Possibility of  
24 hepatitis or other infections from unsterile needle  
25 if injected. Overdoes may cause coma and death from  
26 respiratory failure." There is a fairly severe  
27 element of danger to the user.

28 DR. LEHMANN: Well it is  
29 certainly a formative array of bad effects of heroin,  
30 all of them true. Many of them, of course, apply equally





1 to speed, which in many ways is really worse--as  
2 far as health is concerned. Now would include speed  
3 under hard drugs, which does not lead physical addiction?  
4 It is a very dangerous drug.

5 MR. ANDRAS: From what I  
6 have heard about it, it is very dangerous, yes. It  
7 has fatal results, I gather, in a relatively short  
8 time--a year or two, if used persistently. I am  
9 a layman; you must appreciate that I am a layman.

10 DR. LEHMANN: The physical  
11 effects, it is true. All I was trying to do is obtain  
12 a definition from you of what you mean by harm. Now,  
13 physically harmful, socially harmful, and if socially  
14 harmful, in which way? Certainly the physical dependence  
15 is much stronger on heroin than on any other drug, and  
16 therefore a person who is on heroin can hardly live  
17 without well he cannot live without it. And that  
18 does it. And that does not apply to any other drug to  
19 the same degree. But the mere physical effects  
20 are much worse with these other drugs.

21 MR. ANDRAS: I think there  
22 are at least three ways in which we can look at this.  
23 There is the effect on the individual himself, and our  
24 concern about him; there is the social aspect--two  
25 aspects--one, that this person may become a burden  
26 to us, which is kind of anti-social result, and the  
27 other is that he may engage in very serious anti-social  
28 or criminal activities in pursuit of his addiction and  
29 he causes parties to suffer as a consequence, and our  
30



1 society has some area of responsibility as a consequence.  
2 I think on those two counts, we have a right to  
3 interpose.

4 MR. McCAFFREY: I think there  
5 is a third anti-social aspect of this which may have been  
6 brought before you, and that is the aspect of those  
7 who use drugs frequently are concerned with destroying  
8 society. We aren't interested in destroying society  
9 but we do agree that many things about society should  
10 be changed, so if that is the aspect you are thinking  
11 of, we would concur. We don't think that drug use  
12 is the only way to approach this problem, but many  
13 of those who do use drugs have the same attitude, that  
14 there are many things about society that they don't  
15 like, and that should be changed.

16 MR. STEIN: But you also have  
17 that attitude from the comments you have made.

18 THE CHAIRMAN: That is what  
19 he said.

20 MR. STEIN: I am sorry.

21 MR. McCAFFREY: But we think  
22 that the problems facing society can be dealt with  
23 in a rational way, and in a democratic way.

24 THE CHAIRMAN: But the  
25 concern has also been expressed from time to time  
26 that the extent of drug use will impair the capacity  
27 or society to maintain our standard of living, our  
28 competitive position in the world, economically; the  
29 health and vigor of our social and political -- our  
30 well being as a society.





1 MR. ANDRAS: That is a valued  
2 judgment. If the drug culture became absolutely  
3 pervasive or very nearly so, it would undoubtedly have  
4 a very profound effect upon our economy. If the  
5 majority of Canadians decided that what they wanted  
6 was the drug culture, even if that resulted in the  
7 loss of our competitive position and a lowering of our  
8 standard of living, they would have a right to make  
9 such a decision, and those who find themselves in dis-  
10 agreement could seek competition elsewhere.

11 THE CHAIRMAN: Would you  
12 include that kind of general effect under the notion of  
13 social harm--harm to society.

14 MR. ANDRAS: I don't see it  
15 in that way, at least not at the present time. I  
16 think the drug culture is still marginal---

17 THE CHAIRMAN: You don't see  
18 that as a probable effect, but if it were to be a  
19 probable effect, would you consider that that would  
20 come under the category of social harm, or harm to  
21 society?

22 MR. ANDRAS: That is hard to  
23 say, Mr. Chairman. I have such strong criticisms  
24 to make of the society myself, that it is hard for  
25 me to disassociate myself entirely from those who  
26 make criticism in an entirely different way. I don't  
27 know what my colleague Mr. McCaffrey would have to say,  
28 but we have the instrumentalities in our society to effect  
29 socio-economic change, and I would say further that  
30 we have some kind of moral obligation to seek the truth



1 if we are convinced that what is here is not good  
2 enough, and / our own particular institution we  
3 try to do something in our<sup>own</sup>/rather square, conventional  
4 way.

5 DR. LEHMANN: Would it be  
6 right then to say that the principle of your submission,  
7 what you tried to convey to the Commission, is that  
8 the general approach not be a punitive one, but a  
9 therapeutic or preventive one, and since prevention  
10 is something that your institution can do better than  
11 we, the Commission would be left with the meaning or  
12 the recommendations that society should proceed  
13 therapeutically and do the best they can to avoid  
14 harm or rather to leave the situation as it is rather  
15 than punish.

16 MR. ANDRAS: I would think  
17 that is a fair statement and I would say this, that  
18 Royal Commissions in this country, at least Federal  
19 Royal Commissions from our experience, have exercised  
20 a very high level of excellence in their analysis of  
21 problems that they have reached, and I am certain  
22 that this would be true of this Commission as well  
23 as others. And I think that you will make a contribution  
24 by saying officially, collectively what you have just  
25 said and by suggesting the kind of guide lines that  
26 should be used by governments and by society generally,  
27 in coping with the problems which come under your  
28 terms of reference.

29 THE CHAIRMAN: Thank you. Is  
30 there any other questions or observations for Mr. Andras





1 and Mr. McCaffrey? Anyone else?

2 Yes, would you like to come to  
3 the microphone please?

4 THE PUBLIC: The Canadian  
5 Labour Congress seems to condone possession of  
6 marijuana, and they don't think that one should be  
7 prosecuted for that. Is that what you said?

8 MR. McCAFFREY: We have said  
9 that marijuana should be taken off the Criminal Code,  
10 that marijuana should not be in the possession of  
11 minors, but that adults should be warned that we don't  
12 know everything about marijuana that we show know  
13 about it and that adults should make up their own  
14 minds on whether they are going to use it or not.  
15 In the meantime government and other institutions  
16 should be attempting to find out what are the  
17 properties of marijuana and what are the long-term  
18 effects of using it.

19 THE PUBLIC: So an adult  
20 in possession of marijuana should not be prosecuted.  
21 Is this one of your statements?

22 MR. McCAFFREY: That is a  
23 logical conclusion to draw from what we have said.

24 THE PUBLIC: But a seller  
25 should be prosecuted, like a trafficker should be  
26 prosecuted?

27 THE CHAIRMAN: I think that  
28 is what your brief says, in effect.

29 MR. ANDRAS: ( It is an effort  
30 at checkmate, if I understand the question.



1 THE CHAIRMAN: Let us not  
2 anticipate the results.

3 THE PUBLIC: It is a matter  
4 of reasoning; how are we going to possess marijuana,  
5 if we can't buy it anywhere? Are we going to grow  
6 it in our backyards?

7 MR. ANDRAS: I gather it is  
8 very easily grown in the backyard. The difficulty  
9 with trafficking, if I understand the situation  
10 correctly, my colleague can expand upon it, is that  
11 the trafficker who is engaged in traffic, like  
12 Mr. Leary, perhaps -- is that the one in the United  
13 States?-- for the purposes of some kind of religious  
14 conversion, but essentially for commercial purposes,  
15 and he is indiscriminate in his trafficking.  
16 Trafficking is done amongst high school children in  
17 the school grounds. That creates a fair problem  
18 and I think the question is a fair one, as to how  
19 does a possessor become one when trafficking is  
20 forbidden. It would appear-- and I say this with  
21 some hesitation because I have not followed it through --  
22 that there should be some controlled way of providing  
23 an outlet. This has been examined in Great Britain,  
24 as a matter of fact, in the case of drugs generally,  
25 and this issue of Medical Economics which I have  
26 brought, again, which I looked at last night in my  
27 hotel room, reviews that as a procedure, and  
28 apparently comes to the conclusion that it is not  
29 working particularly well, because it doesn't solve  
30 the problem of abuse.





1 MR. McCAFFREY: I would like  
2 to add to what my colleague has said, in that this  
3 question cuts both ways. In Britain, a Commissioner  
4 dealing with this problem, declined to recommend the  
5 legalization of marijuana because not enough was known.  
6 And I think that the Commission in this country would  
7 be in the same position if it reaches the conclusions  
8 that we have suggested today. And you have put your  
9 finger on what is a weakness in our position. But  
10 we cannot recommend to the government of Canada, or  
11 to this Commission that it advocate the legalization  
12 of marijuana until those who can tell, or presumably  
13 can tell, mainly the scientists, what are the physical  
14 properties and what are the psychological implications  
15 of using the product. We think we have gone as far  
16 as we can, in other words, tell adults that we don't  
17 know the whole story about this. Now you make up  
18 your own mind.

19 THE PUBLIC: Yes, you could  
20 shuffle the problem around for years like that, do  
21 you know what I mean?

22 MR. McCAFFREY: I agree.

23 THE PUBLIC: But I have got  
24 something that I want to say to the whole bunch there,  
25 like you get on this picture of this dealer, you know,  
26 the dealer of drugs is a big man who goes around the  
27 high schools waiting to pounce on the innocent victim,  
28 were it, you know what I mean? But I have seen  
29 some dealers in drugs you know, and they don't have  
30 to run around and pounce on anybody. They can pull up



1 and sit in their cars and they don't have to run  
2 around and solicit 14 or 15 year olds. They have got  
3 lots of customers. They are usually sold out before  
4 you can blink and turn around. Understand what I mean?  
5 I think you should change your mental picture of this  
6 guy running around and pouncing on the victim with the  
7 certain drug he is selling--for realism, you know what  
8 I mean?

9 MR. ANDRAS: I think realism  
10 would suggest the vendor is in search of more customers  
11 at all times, whether it is drugs or any other product.

12 THE PUBLIC: Not necessarily.  
13 Many times he gets drugs and sells them to his closer  
14 associates, friends, you know, he won't jut go and sell  
15 it to anybody, because two days later his friend will  
16 come around and want to buy some and he hasn't got any  
17 and he makes the friend mad.

18 MR. ANDRAS: It sounds like  
19 the friendly bootlegger.

20 THE PUBLIC: I don't know  
21 about that, it is just a point I am trying to make.

22 MR. McCAFFREY: We have tried  
23 to overcome your difficulty by recommending that  
24 government and places such as universities intensify  
25 their efforts to find out what all the properties of this  
26 product. In the meantime we don't feel we can make any  
27 valid recommendations.

28 THE PUBLIC: In the meantime I  
29 don't think the kids are going to wait, you know, this  
30 could be shuffled around for years and years, you know.





1 This Commission was instituted a year ago, you know,  
2 and it just keeps dragging on.

3 THE CHAIRMAN: Thank you.  
4 Anyone else?

5 Yes. Can you reach a microphone?

6 THE PUBLIC: Yes. On important  
7 question which syould be brought up now is that at  
8 some time drug use may not be harmful, but at other  
9 times it might be quite harmful. I am thinking,  
10 for instance, like at a party, say, or at home, drug  
11 use may not be harmful, but at work or something like  
12 this it may be very harmful, or driving a car. Has  
13 your committee made any suggestions in this regard?

14 MR. ANDRAS: No, we haven't.  
15 We are essentially a lay organization. We are concerned  
16 here about the social implications in a broad sense.  
17 If it can be demonstrated that the drug will have  
18 the same kind of effect as alcohol in producing  
19 impairment in driving, then obviously this is an  
20 extremely serious problem and it is to be dealth with.  
21 If the Commission comes to that conclusion, I would  
22 imagine they would say so.

23 THE CHAIRMAN: Are there any  
24 other questions or observations?

25 Yes, can you reach that  
26 microphone from there?

27 THE PUBLIC: There is just  
28 one thing I would like to ask.

29 THE CHAIRMAN: Could you  
30 speak a little more closely to the microphone?



1 THE PUBLIC: If you feel  
2 that the adult has the right to make up his mind  
3 as to the use of drugs, do you feel that it is  
4 society's duty to look after him if that is the wrong  
5 decision?

6 MR. ANDRAS: I think I would  
7 say yes. We do look after people. We have now reached  
8 a point in society in terms of social welfare, where  
9 we are prepared to say that regardless of the cause  
10 or need we will provide every Canadian with a  
11 minimum subsistence income. Now, if we are prepared  
12 to undertake that kind of moral obligation then it  
13 seems to me that it is not difficult to extend it to  
14 the kind of illustration that you have just used.

15 MR. McCAFFREY: In our brief  
16 we also say that those who use hard drugs which are  
17 prohibited should be compelled to seek treatment in  
18 a public institution, and those who voluntarily seek  
19 rehabilitation or are persuaded to do so through  
20 friends, should be able to do so through more informal  
21 centers, such as the ones we know about in Toronto.

22 MR. STEIN: Well, on that  
23 question, I am glad the question was raised, because  
24 I had wondered when I read your brief whether you had  
25 taken into consideration the present recognized  
26 difficulty in dealing with any drug user, be he using  
27 alcohol, heroin, whatever, in a treatment setting which  
28 compels him to be there. In other words, there is  
29 a very long history of unsuccessful efforts to aid  
30 people to alter their drug using pattern when they





1 themselves have no motivation in this direction.

2 Have you taken that into consideration when suggesting  
3 compulsory legislation for treatment of users?

4 MR. McCAFFREY: I think this  
5 is a process which evolves and it is something which  
6 the therapeutic community will have to find. I don't  
7 think you can -- we don't have that answer and I don't  
8 think you can expect us to do this.

9 MR. STEIN: Well, fair enough.  
10 You mentioned earlier, and one of the things that has  
11 interested me about their efforts, which are clearly  
12 not conclusive or successful either, but is it their  
13 attitude that there is no point in voluntary commitment  
14 of users unless their behaviour clearly is causing  
15 some danger to another person, in other words, they  
16 become violent, or something has occurred which makes  
17 them dangerous, but if they are simply using the drug,  
18 then it is strictly a matter of them having to seek  
19 voluntarily, facilities which the state makes available.

20 MR. McCAFFREY: Well, the  
21 whole drug culture is so new, -- I think we are going  
22 to have to be faced with the trial and error process  
23 for some years including that important problem.

24 THE CHAIRMAN: Well, thank  
25 you, Mr. Andras and Mr. McCaffrey, for your assistance  
26 today.

27 MR. McCAFFREY: Thank you.

28 MR. ANDRAS: Thank you,  
29 Mr. Chairman.

30 THE CHAIRMAN: I call now



1 upon Father Philip Leblanc, Chairman of the Peel  
2 County Task Force on Drugs, Social Planning Division  
3 of the Peel County Community Services. I believe  
4 he is accompanied by Dr. Ashton McKinnell, head  
5 of the Psychological Service of the Peel County  
6 Board of Education and Mr. John Robinson, and Mr.  
7 Greg Sumner, students of Rowan Park Secondary School.

8 I don't know whether we have  
9 enough chairs here at the table but we will have to  
10 make sufficient space here.

11 Are you comfortable there?

12 A SPEAKER: Fine, thank you.

13 THE CHAIRMAN: Do you have  
14 enough room?

15 A SPEAKER: We do, thanks.

16 THE CHAIRMAN: Father Leblanc?

17 FATHER LEBLANC: I would  
18 like to introduce, Mr. Chairman, members of the  
19 Commission, the four people who are with me. On  
20 my right is John Robinson, of Rowan Park Secondary  
21 School and next to him is Greg Sumner, and on my  
22 extreme right is Dr. Ashton McKinnell of the Peel  
23 Board of Education.

24 Drugs have been a concern  
25 of the Social Planning Division of Peel Community  
26 Services since 1968. In November 1968, the Division  
27 established as one of its priorities for Peel County,  
28 a Drug Education program. That is, at its January  
29 1969 meeting it passed a motion which supported the  
30 request for a grant to enable the Division to





1 undertake a program of research and co-ordination of  
2 educational and other efforts, both by government and  
3 private agencies with respect to the use of drugs in  
4 Peel County. Then, the Division called meetings  
5 with people from the community to decide how best  
6 it could cope with the drug situation developing  
7 in Peel County. The Peel County Task Force on drugs  
8 was appointed by the Social Planning Division on  
9 April the 17th, 1969.

10 The Task Force has concentrated  
11 it's efforts in the areas of education, co-ordination  
12 and information. It has been able to co-ordinate,  
13 initiate and implement programs, in co-operation with  
14 other organizations and institutions, at a minimum  
15 cost to the taxpayer. It depends largely on the  
16 volunteer co-operation of highly qualified professionals,  
17 educators, doctors, police, students and other people  
18 from the community. In my view, the Task Force is a  
19 good example of how one community was able to deal  
20 with a new social situation. And that is one of the  
21 reasons why we are presenting our brief to the  
22 Commission since we felt that it could be an example  
23 for other groups across the country.

24 Our whole approach has been  
25 rational and low-key; we have never used scare tactics  
26 or tried to set up vigilante committees. We have  
27 attempted to make the community aware of what was  
28 happening in our area and in society itself, and  
29 to clarify some of the reasons why young people are  
30 turning to drugs. And in our studies we have found



1 that there are many reasons; some highly personal;  
2 others psychological and still others sociological.  
3 It seems, in our area at any rate, that drug use  
4 has gone from a phase of experimentation to becoming  
5 part of a peer identification process.

6 Because of my work with the  
7 Task Force and in the field of drugs, I have come to  
8 see certain needs which will have to be met.

9 In the first instance, I see  
10 the need in Ontario for a Special Ad Hoc Task Force  
11 on Drugs that would be flexible enough to meet on the  
12 spot with groups throughout the province, to encourage,  
13 to advise, stimulate and to offer funds or indicate  
14 where funds exist and to relate the experience of  
15 the Peel Task Force and of other communities dealing  
16 with the same problem. This Task Force could meet  
17 with Boards of Education, Municipal Councils,  
18 indigenous groups such as RAP and Day-Glow which will  
19 be discussed later on who are now struggling with  
20 difficulty to deal with the problem. The Ontario  
21 Task Force on Drugs would be geared to action with  
22 a budget and with few members; it would have immediate  
23 access to Ministers and to government departments  
24 that need to be contacted. If set up properly it is  
25 my contention that it could cut through a lot of red  
26 tape and bring about action effectively and  
27 immediately. I have written a few months ago to  
28 the Honourable W. G. Davis, the member of Parliament  
29 for Peel North, with this suggestion.

30 There is also a need in





1 Peel County and probably elsewhere for community or  
2 detached workers to work very closely with the young  
3 people in the community, for Drop-in or involvement  
4 centers which would offer an unstructured alternative  
5 to organized activities which we have examples of  
6 in Peel County.

7 Summer is a difficult time  
8 of the year for a community. I feel that our Task  
9 Force and other groups such as ours must give serious  
10 consideration to what will be done here during the  
11 summer months. I have met with the Administrative  
12 Council of the Peel Board of Education to discuss ways  
13 in which they could better serve the community this  
14 summer. My recommendation to them was that they offer  
15 unstructured courses and seminars on philosophy,  
16 religion and other subjects that the students would  
17 like to study during the summer, led by university  
18 professors and other competent authorities. It seems  
19 to me that if the Boards of Education want to do  
20 something during the summer; it has to be in the  
21 field where they excel; and that field is education.

22 The Peel Board of Education  
23 and the Separate School Board of Peel County, have  
24 both hired drug consultants over the past year to set  
25 up drug curriculums in Peel County. The Peel Drug  
26 Task Force and other groups should encourage any  
27 indigenous group that wishes to offer a new and  
28 different program for the summer. In our community  
29 we will be establishing what was successful last  
30 year, a program called Summer Assistance to Youth



1 which helps young people find jobs and got them involved  
2 in community work. The Mississauga SAY Centre handled  
3 more than 700 young people last summer and it was  
4 an organization run entirely by students.

5 It is very important that the  
6 Task Force and other groups such as ours offer as  
7 much support as possible to spontaneous groups such  
8 as RAP and Day-Glow which are working in our own  
9 community. And these self-help groups, indigenous  
10 groups, which have come from the drug community,  
11 are working in the drug community, find it difficult to  
12 obtain credibility and acceptance in the community.

13 I would like to say here, that several members of  
14 the Task Force attended a public meeting of the Town  
15 of Mississauga Council on February the 27th, 1970,  
16 where Day-Glow presented a brief outlining their  
17 activities. The Council, of the Town of Mississauga,  
18 and in what I consider to be an important precedent,  
19 approved their organization, offered them assistance  
20 in finding a house and appointed a counsellor to their  
21 board of directors. And they have since then allocated  
22 a grant of \$2,000.00 to this organization.

23 The RAP organization has met  
24 last week with the Brampton Council but there has  
25 been no grant as yet.

26 Finally, I believe that it  
27 is urgent that we as community groups, The Peel County  
28 Task Force and others attempt to foresee and plan  
29 for what is to happen next. The Task Force has been  
30 very concerned with meeting immediate needs and therefore





1 has not done much long-term planning or forecasting.  
2 I realize that this is not necessarily our function,  
3 but we should stimulate government groups to do so and  
4 we should encourage our leaders to implement recommenda-  
5 tions of studies already made.

6 And I comment here by saying  
7 that it is interesting to recall that the report of  
8 the Ontario Legislature's Select Committee on Youth,  
9 made public in March 1967, hardly mentions the use of  
10 drugs among young people. However, I do think that if  
11 the Ontario Government had implemented more of the  
12 recommendations contained in that Report, we might  
13 possibly be in a better position to cope with the  
14 drug situation today. I believe groups such as ours,  
15 must watch very carefully to see that the more recent  
16 report, Alienation, Deviance and Social Control  
17 (Interim Research Project on Unreached Youth) published  
18 in June 1969, is not left to gather dust on someone's  
19 bookshelf. This report is the result of work done  
20 by a committee set up by the Hon. W. G. Davis in  
21 January, 1966.

22 Mr. Chairman, when it was  
23 decided that the Peel County Drug Task Force would  
24 present a brief to the LeDain Commission on the  
25 Non-Medical Use of Drugs, it was suggested that  
26 this report be prepared by two of our student members.  
27 In fact, we have been aware all along that one of the  
28 real strengths of the Task Force has been the  
29 participation and support of its young members, in  
30 groups such as RAP and Day-Glow which are very closely



1 connected with the community.

2 The brief that is being  
3 presented to you is a highly personal view of the  
4 Task Force and of the drug scene in Peel South as  
5 viewed by two secondary school students. The Task  
6 Force doesn't endorse all the ideas expressed by them;  
7 however, it does support the validity of such a  
8 presentation and recognizes its values for those who  
9 wish to better understand the society we are  
10 preparing for ourselves.

11 I would ask Greg Sumner  
12 to speak.

13 MR. SUMNER: I will make  
14 a brief introduction.

15 The primary purpose of this  
16 report is to impart some of the impact that drugs  
17 have had on the County of Peel, particularly in the  
18 community of Mississauga. The backbone of the story  
19 is the history (in roughly chronological order) of  
20 the Peel County Drug Task Force, from its conception  
21 in April 1969 to the present.

22 While an honest attempt has  
23 been made to get down on paper the exact situation as  
24 it appeared to us, it should be kept in mind that the  
25 events related and the opinions expressed are flavored  
26 by the personal experiences of us both. Hopefully,  
27 a clear picture is drawn so that one can visualize the  
28 unique sequence of events as they progressed and as  
29 they appeared to us in this large suburban area west  
30 of Toronto.



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1 question, both the nature of the material included  
2 and personal opinions expressed.

3 Finally, in this introductory  
4 section, we wish to explain that during the remaining  
5 portion of this report, we shall speak as "I": our  
6 experiences, values and attitudes are very similar.  
7 While the personal nature of the material necessitates  
8 an intimate united voice, we both confidently feel  
9 that we successfully put ourselves on the wavelength  
10 of the typical youth growing up in Mississauga--I  
11 would now like to turn this over to Mr. Robinson.

12 MR. ROBINSON: My initial  
13 experiences with drug use came much earlier than the  
14 year 1969. I can recall a painful experience with  
15 dope as far back as the Spring of 1966.

16 I was in our smoking area at  
17 school when some longhair approached me and asked if  
18 I wanted to buy some "Shit". His tone told me that  
19 he wasn't selling the usual variety. The disgusted  
20 look on his face when I didn't respond said plainer  
21 than words, "You're out of it, man".

22 A small minority of drug users were  
23 were already established in Mississauga at that time.  
24 These were the guys who blissfully embraced the entire  
25 "drug cult" thing and all its trappings. Weekends were  
26 lived in Yorkville, "costume gear" was worn and long  
27 hair was a must. It was these young people who  
28 eventually formed the middleman merchant class between  
29 the city (Toronto) and Mississauga when drug use became  
30 commonplace.



Personally I was fed up with hearsay. I wanted to find the answers for myself. The way I went about it and my actual first encounter typifies, I think, many other first experiments.





1 I remember one Friday night  
2 in the summer of 1967, when I was out with a couple  
3 of friends who had just returned from Montreal. We  
4 drove around until we found a quiet dark place behind  
5 the plaza where they pulled out a dime of grass. We  
6 started blowing joints. They showed me how to get a  
7 great deal of smoke into my lungs at one time (super-  
8 toke). It was my first time and I didn't get high. My  
9 buddies were "spaced".

10 By the beginning of 1969 I had  
11 not gone so far as to put any money into drugs. I still  
12 knew very little about the effects of grass and hash,  
13 but I had not made any direct moves to find out more.  
14 I had been stoned a few times and enjoyed the experience.

15 During January, February and  
16 March of 1969, smoke was "laid on me" a number of  
17 times by different people I hung around with at school.  
18 I did most of my smoking with friends on sunny weekends  
19 in April.

20 Around this time I was approached  
21 by teachers at my school (Lorne Park Secondary School),  
22 who asked me if I would represent the student body of  
23 our school at a special community meeting. This  
24 assembly was held at Thomas L. Kennedy Secondary School  
25 and was organized by the Social Planning Division of  
26 Peel Community Services. The purpose of the gathering  
27 was to deal with drug education within the schools of  
28 Peel County and how to go about introducing it. At  
29 the chair was Rudy Bos, Chairman of the Youth Committee  
30 of the Social Planning Division and also a member of the



1 Board of Education.

2 I accepted the invitation  
3 and attended the meeting for a number of reasons: I  
4 was interested in the drug question: I felt honoured  
5 to be chosen: and I felt that perhaps I could do  
6 something worthwhile for the community. Primarily  
7 however, I was motivated by the belief that I could  
8 fairly represent the school population. I felt that I  
9 was middle of the road, therefore flexible and un-  
10 committed.

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On April 3, 1969, the people of Peel County responded as a whole to the rising amount of tension concerning the use of drugs among their teenage population. One hundred and fifty people polarized at T.L. Kennedy. Students like myself from different high schools in the area represented the younger generation. A cross-section of men and women from the school system, the police, the medical profession, the clergy and counsellors spoke for the adult generation.

I've often speculated about why things came to a head at this time. Certainly there had been a marked increase in drug usage. Probably what caused many parents to sit up and take a good look at the increase publicity through the local media. Specifically the Narcotics Squad of the Mississauga Police Department had made a number of "busts" of local teenagers. Prominent family names were mentioned in the newspapers and since many of the youths who had been caught were not the stereotyped hippie variety, parents identified these kids with their own children. So the problems had to be faced.

Although many opinions were tossed around, the people who held influence and power didn't seem ready to do anything immediately. I got the definite impression that there were still people who were not sincere; they were not shaken at all by the serious situation, and by the social unrest that had indicated that there was a problem, and therefore that something concrete had to be put forth to





9 Personally, I thought the best  
10 possible line to follow was to separate sharply the  
11 young people who had a drug hang-ups from those who  
12 had jumped on the "bandwagon" and tried it once or  
13 twice. It was the former I was immediately concerned  
14 with. Since we were dealing with a special problem,  
15 I envisioned a specialist in each school. Getting stoned  
16 on drugs is a very personal thing for most people and I  
17 felt that the many different individual situations had  
18 to be dealt with on an individualized personal basis.  
19 This man should be concerned with the teenager in our  
20 modern society. He would have a social work background  
21 and would be able to relate to the teens and gain  
22 their confidence. Drugs are one pillar in the overall  
23 structure of adolescent problems. Therefore, we would  
24 have him, for the time being, concentrate his time and  
25 efforts in this area.

General consensus had it that the structure of the meeting was too unwieldy and that a smaller more manageable unit would have to be set up. This nucleus would be drawn from the people present. Father Philip Le Blanc, a member at the meeting, asked



1 me if I was interested in joining. I left the  
2 meeting feeling optimistic.

3 I recognized the very real  
4 dangers of chemical. I knew young people who were  
5 emotionally and physically crippled by a full retreat  
6 into drugs. The Task Force could help. But there was  
7 something more. I saw drugs as a flag around which one  
8 could rally parents and young people and establish a  
9 breakthrough in parent-child communication.

10 Was I being a hypocrite?  
11 If my use of marijuana made me one of the problem  
12 drug users, then I was. I didn't then and don't now  
13 feel hypocritical.

14 The first day in May, marked  
15 the first official meeting of the Drug Task Force.

16 Membership consisted of  
17 approximately 15 people. Included were men and  
18 women from the decision making level as well as students  
19 like myself who represented different geographical  
20 areas throughout the County. This method of placing  
21 youths and prominent people within the same working  
22 body allowed the Task Force to work as a community  
23 unit and tackle the problem from all levels.

24 Father Philip Leblanc was  
25 elected as the Chairman and Mrs. Dorothy Ross, who  
26 represented the Social Planning Division of Peel  
27 Community Services, was appointed as the Secretary.  
28 The Drug Task Force, because it was comprised of  
29 representatives from services who were associated  
30 with youths and/or drugs, could initiate programs





1       towards the education and control of such.

2                               The representatives from  
3       the Board of Education felt that their main role  
4       in the Task Force would be to help stimulate Drug  
5       Education Courses in the schools, for the students  
6       in the day time and parents in the evenings. Resource  
7       material and current information on drugs would be made  
8       available through Task Force member Lawrence Purdy,  
9       regional director for Metro Toronto of the Addiction  
10      Research Foundation. The social workers of Peel  
11      County provided direct contact with youths. Through  
12      them we could also reach the Drop-in Centers and help  
13      co-ordinate them. The Mississauga Parks and Recreation  
14      Department were also connected with the Drop-Ins and  
15      had direct links with the youths. Mrs. Margaret Arnott  
16      represented the Peel County Health Unit of which she  
17      is the Supervisor of Nurses. There were other  
18      specialists too. Dr. Ashton McKinnell head of  
19      psychological services for the Peel Board of  
20      Education lent his experience and helped to make  
21      valid our proposed programs for youths. The common  
22      factor was our ignorance of what should be done with the  
23      drug problem and our determination to correct the  
24      situation and see the problem to some sort of solution.

25                           It was agreed that before we  
26      got down to brass tacks we should define our purposes  
27      and get some sort of terms of reference. In establish-  
28      ing our guidelines, there arose a discussion of how we  
29      could best use the existing structures to convey the  
30      Task Force's ideas and aids to the public as well as



1 reach the drug population. Some of the areas discussed  
2 were: parks and recreation department, education,  
3 schools, religious groups, Social Planning Division,  
4 law enforcements.

5 I got just a little uptight  
6 at this meeting. The main underlying thing that was  
7 screwing up the works had already been set down.

8 "How do you move against  
9 something as complex and intangible as drug usage and  
10 all its implications?" The Task Force seemed to  
11 be settling in, realizing that there was no short  
12 term answer. We needed education ourselves at the  
13 outset of our evolution. Our major advantage we had  
14 working for us was that we were dealing with all of  
15 Peel County and therefore had a large focus. We were the  
16 only group working in the whole of Peel County in the  
17 drug field. I saw that we must integrate and co-ordinate  
18 to some extent the individual efforts in the area.  
19 I was wondering along with everyone else, "What about  
20 the long hot summer ahead?"

21 The nice weather was providing  
22 a favourable "drug climate". A sunny beach or field  
23 is perhaps the most beautiful background in which  
24 to blow smoke. These are "stoned settings". A  
25 "straight" person lying cool in the green shady sunshine  
26 of a willow tree with a lake breeze breathing on his  
27 face, is already in a state of mind bordering what  
28 is termed as "high". Doves of happy souls were  
29 coming to school at lunch stoned on "j's" from the park  
30 near our school.





I found that the part of smoking pot I enjoyed best could be described thus: If you take your life's view as a physical object, smoking grass had the effect of temporarily reslanting this view-point. The uncovering of these areas of your life sensitized you to what being human is. All this is on a recreational level in that a mood can be created arbitrarily. Time spent stoned was not wasted. The only danger I saw in grass or hash was for the kids who really didn't like the world because they hadn't a philosophy equipped to deal with it. These are the young people who don't come down for days on end, who eat, sleep and function stoned. For me it was I suppose, a diversion, one that seemed more Christian than many alternatives. Certainly more Christian than an escapist's utilization of alcohol.

The hard drugs are another matter altogether. A person tripping on LSD is totally insane. Although people react differently on an acid trip, there is an uniformity in the extreme to which one is pushed out of his self being. Smoke tends to tone down, moderate, and subtly transform the inherent spirit of the inner person. Chemical nullifies all sensibilities. The majority of people lose all self identity, even human identity. An acid head can't possibly have respect for his image and likeness to God. The person wired to speed has deliberately rejected his soul. Kids were cranking flat beer in the park. Kids were bumming so badly on acid that





1 they faced an emotional crisis in which they despaired  
2 of ever again finding reality. When they came out the  
3 other side they couldn't even blow smoke or drink  
4 beer without the agonizing feeling that they were  
5 losing touch with themselves as they once had. Kids  
6 with blown minds were in the hospital; kids with blown  
7 outlooks were quitting school. The really hard cases  
8 were drawn to the city. In this respect, by living  
9 in the suburbs I lost out on witnessing the worst  
10 outcome of a drug ravaged human. I know a good many  
11 older youths who now blow smoke, but sum up their  
12 feelings about chemical by saying, "It's stupid man,  
13 it's a bad scene." I came to many conclusions about  
14 drugs in the month of May.

15  
16 June was the month for turning  
17 also  
18 kids out of school. June was/the month for turning  
19 kids on with dope.

20 The grass became very scarce  
21 as the summer started and although you could get hash  
22 all through July and August, the really good grass  
23 disappeared and hasn't been quite the same since. Most  
24 of the people I talked to agreed with this view and  
25 many who had been smoking marijuana for many years,  
26 bitterly regret the scarcity and price of drugs when  
27 demand boomed.

28 Most of all I remember there  
29 were great quantities of acid around. In the area  
30 where I live a lot of this was of a type labelled  
"black dome." As smoke became less accessible, many



1 of the kids who did a lot of dope started dropping  
2 acid. This trend continued right into the summer and  
3 went hand in hand with a tendency to do speed. The  
4 great advantage of speed was simply this: there was  
5 a great deal around and it was of excellent quality.

6 I can vividly recall the last  
7 day of school. It was a bright hot day in June and in  
8 a grassy park near our school at least 30 kids were  
9 merrily out of their minds on acid. I say only two of  
10 them in trouble. One girl was alternately laughing  
11 and crying or totally frozen somewhere in between.  
12 Another girl, a grade nine student, had a violently  
13 allergic reaction. Her eyes and nose were red and  
14 running.

15 Many of these kids were young.  
16 Most of them didn't do a lot of acid and wouldn't do  
17 it again. A number of them could be found on Wednesday  
18 nights at the Drop-In-Center that had been started up  
19 at the Baptist Church in Lorne Park. I went to the  
20 Drop-In for a while and came to know the young people  
21 in it. Led by John Fisher, a programme was initiated  
22 throughout the summer that included two such centres  
23 and a "detached worker." The drop-in centre phenomena  
24 throughout Peel County seemed to grow up beside the  
25 drug "thing." The need for such gathering places for  
26 teens had been apparent for quite some time but it  
27 was drug usage that activated needs into realities.

28 A large segment of the Drop-In-  
29 Centre population were "long hairs" and some did  
30 chemical. Most of them came from broken bad





1 atmosphere's at home. I remember one fellow telling  
2 me that when the cops had raided his house and busted  
3 him for a nickel of grass, the first thing his  
4 parents asked him when they got home and found out  
5 what happened was. "Did they look in our room?"  
6 There were other kids with parents that did dope  
7 also. I was wondering how adequately the Drop-In-  
8 Centre functions would serve the needs of young  
9 people without a home life or a good sense of  
10 values. Particularly, I wondered how much they  
11 could do in the months of July and August.

12 So was the Task Force.  
13 At this time the school system was not in the  
14 position to take immediate action. Furthermore  
15 the schools would not have any hold over young  
16 people in the summer.

17 However, the eight to ten  
18 Drop-In-Centre structures in the area were  
19 already dealing with the dissatisfaction that  
20 was driving young people to drugs.

21 On Wednesday, June 18, the  
22 Drug Task Force held a meeting at the Bramalea  
23 Coffee House.

24 The young people (18-21)  
25 who ran the Coffee House were recently acquired guests  
26 of the Task Force. They were providing a resting  
27  
28  
29  
30



1 place for kids with trouble at home, kids wired to drugs  
2 or just young people facing a long summer with nothing  
3 to do. I met a few local kids and talked to some of  
4 the fellows who were representing the Lorne Park  
5 Drop-In at this meeting. I felt that the Coffee House  
6 was a good setting in which to conduct this particular  
7 meeting.

8 The meeting opened with reports  
9 on certain projects that the Task Force had begun.  
10 The assistant director of extension courses for  
11 Sheridan Community College in Brampton, (Mr. Burt  
12 Bonnell - a Task Force member) reported on the drug  
13 education course that was going to start at Sheridan.  
14 It was to be for community workers in the health,  
15 welfare, religious and teaching fields. It was going  
16 to be held from 7:00 - 9:00 p.m. for 9 weeks beginning  
17 in October and would be limited to about 40 people. Mr.  
18 Bonnell also talked about a parent-child experiment  
19 that was carried out in Brampton called "Dialogue on  
20 Drugs."

21 The Sub-Committee that had  
22 been set up to investigate on Teenage Hot Line had been  
23 looking at and discussing Dr. Garrell's Hot Line in Los  
24 Angeles. Michael Marshall reported on the student  
25 answering service at Waterloo Lutheran University.

26 What came next was a general  
27 look at the Drop-In-Centre type structure and situation.  
28 The Task Force carried out a very important function  
29 at this meeting. It brought together many of  
30 the individual social programs in Peel County for the



1 first time. Through the Task Force, the efforts of  
2 the Drop-In-Centres were co-ordinated.

3 Ideas were tossed back and forth and a new  
4 fraternity of feeling was stimulated that held great  
5 promise for the future.

6 John Fisher appeared to have  
7 the most advanced, best developed program. As head of  
8 the Lorne Park Drop-In-Centre setup, he outlined the  
9 structure he was building and introduced his detached  
10 worker to the Task Force. He believed that if his model  
11 was referred to it would be helpful to other Drop-Ins  
12 by preventing repetition of the same mistakes over and  
13 over again. Of course, adaptations would have to be  
14 made to tailor the model to each specific area. A  
15 representative from Mississauga Recreation and Parks  
16 Department stated that the Lorne Park format was  
17 already being used in other areas.

18 The Bramalea gang were just  
19 starting out and expressed their desire for future  
20 communication with Lorne Park. Some of the other  
21 eight to ten drop-in-centres represented were:  
22 Brampton Centennial Centre (Mr. M. Marshall), Brampton  
23 YM-Y.W.C.A. and the Mississauga Parks and Recreation  
24 Department. Mr. Marshall had been given a free hand  
25 to use the Brampton Centre and while his main concern  
26 was for what he termed "the straight kids", he was  
27 geared towards the "hippie" variety also. The gentleman  
28 representing the Brampton YM-Y.W.C.A. stated that he  
29 wanted help. While his major job was to provide  
30 entertainment for the majority of non-drug users in the area.





1 he would try to accommodate educational discussions  
2 about drugs.

3 The meeting ended on a good  
4 note with the drop-in co-ordinators stating that they  
5 would arrange meetings amongst themselves in the near  
6 future. Clive Beasley (Lorne Park detached worker)  
7 offered to act as their referral agent.

8 Summertime:

9 Work - Bike - Heat. Summertime  
10 meant these things to me. I went to work a week after  
11 school ended and quit a week before it started. Working  
12 and earning money gave me a great deal of satisfaction.  
13 And at the end of a long day, happiness was getting on my  
14 bike and driving home, slowly, so the wind kept me cool  
15 and the smells of the country could ease my mind and  
16 work the fatigue out of my body.

17 What the hell does a body do  
18 with himself in the summer? The answer is difficult.  
19 A great deal of nothing, I suppose. Remember when you  
20 were a little kid and you would go out all day Saturday  
21 and play so hard and when you got home Mom would ask,  
22 "What did you do today Johnny?" And you said, "Nothin,  
23 just hacked around." It was like that. I worked seven  
24 days of the week most weeks and what was usual for the  
25 summer, saw little of the gang from school. I drove  
26 around on my bike at night and went tripping with my  
27 girlfriend. It was great to buy a case of beer,  
28 stick it in the fridge and have a couple of ice cold  
29 ones when you got home from work. Once in a while on  
30 the weekend we would get "baffed" down at the beach.



1 And once in a while we would blow some smoke.

2 I put eleven bucks into a  
3 hash deal and got an 1/8 oz. It was a lot for the  
4 money and I didn't feel burned at all. It was black  
5 which meant it was probably Moroccan. Turks have been  
6 getting stoned on this compound of hash and turkish  
7 tobacco (tar) for centuries.

8 A school film I once say,  
9 pictured a girl who had smoked marijuana laughing  
10 hysterically at the wheel of a car and plunging straight  
11 off a cliff, laughing all the way till the car crashed  
12 at the bottom. I can't believe this any more than I  
13 can buy the idea that your pupils dilate, or the really  
14 old bugaboo that cannabis is narcotic. Stoned means  
15 that your eyes become red. True. Stoned means that  
16 you get hungry, particularly for something sweet. True.  
17 Stoned means that time sometimes gets super-screwed  
18 up. True. I remember one time driving in a car when  
19 a song came on the radio that no one appreciated just  
20 then, so we turned it off. An hour went/seemingly  
21 and someone flicked the radio on. The end of the same  
22 song was playing. A time check verified that about  
23 5 minutes had passed. Possibly the pupil diation idea  
24 originated because so much weed is blown in the dark,  
25 by candlelight, or by other feeble illuminators. As  
26 for driving while high, all I can think of is the  
27 occasions when I drove my bike stoned. Unless you  
28 "O.D." that is overdose, your touch becomes more  
29 sensitive to the controls, you are more aware of the  
30 road beneath you and your reflexes are easily as fast.





1 Scrambling a bike on a grassy field is a tricky  
2 business requiring concentration and reflex. Stoned,  
3 it is a fantastic experience.

4 Life tends to be contemplated  
5 rather than articulated in the summertime. I don't know  
6 what it is, but as the pace slows down and the days  
7 get longer, many a man such as myself tends to get  
8 himself horizontal, take a good look at that sky and  
9 ponder the world slipping by. He doesn't want to shout  
10 from the top of the Toronto Dominion centre that the  
11 world is insane, or that he sees so much wrong and  
12 why doesn't somebody do something about it. He does  
13 not even want to cry out in joy that the pleasure of  
14 life should be grabbed with both hands. In the summer-  
15 time/<sup>a</sup>man could just lean back and take stock of himself  
16 and those he touches. In the summertime a man could be  
17 content just sitting in the sunporch listening to droning  
18 flies rub the screen windows. It's the summertime in  
19 a man that loathes the roaring bustle of a million  
20 efforts to get ahead.

21 The reason I am dwelling on  
22 what constitutes a summertime mood, is that if you can  
23 capture that mood you have one of the primary goals  
24 of the person who uses marijuana. He is trying to  
25 create just that feeling. I think that the desired  
26 frame of mind is not symbolized as much by the picture  
27 of an eastern mystic sitting cross-legged and  
28 meditating as it is by a troop of young people on  
29 a stoned soul picnic. Most emphatically, this mood,  
30 both as a positive seeking and appreciation and as



1 a negative move away from materialism and the grind  
2 of a life where Christianity is forgotten, is a good  
3 thing. There is a time to die and a time to be born,  
4 a time to reap and a time to sow. Throughout the year  
5 and perhaps more so in the summer, there is a time to  
6 reflect on what being human is. Even if I didn't argue  
7 that grass aids the suggestibility of a person and  
8 alters his personality so that stoicism melts away and  
9 a subtle human yearning for truth in communication wells  
10 to the surface, I would say that grass at least  
11 helps people communicate and think about themselves  
12 as a unit and that unit as part of the imperfect human  
13 race.

14 Lethargic, apathetic, unpro-  
15 ductive. These words spring to lips, intended to cut  
16 and quarter the dreamer of such vague misty dreams.  
17 "He has no place here in this civilization we have  
18 built", they say. "How many miles to the gallon with  
19 the new car, eh Robinson?" Lazy bones sitting in the  
20 sun, how ya gonna get your day's work done.

21 It's no damn wonder that  
22 in this pressure chamber the safety value has changed  
23 from a rye and ginger to a joint. Being high is much  
24 more akin to the flavour we've been missing than  
25 slightly juiced is. Stoned is stopping, just for a  
26 moment, and accepting a life that interests you for  
27 what it is. Escape is getting slightly outside your  
28 head all the time or getting right out of your head some  
29 of the time. Grass is neither of these. A good  
30 portion of my life has been spent living up <sup>to</sup> the self





1 image I have of myself or creating an immediate environ-  
2 ment that is honest and true to that image. I can't  
3 knock pot because it does not impede that image or  
4 that environment.

5 I have a job in the summer,  
6 I work in school, I play football and ski and I have  
7 a girlfriend. I am as acutely conscious of the enemy  
8 Time and socially conscious of keeping up as anyone  
9 I know. I have the same conflict as everyone else  
10 between what I would like to do each day and what I have  
11 to do. I am at the same point as many young people  
12 my age in terms of frustration and worry about  
13 what I am going to do with myself. I want to "set the  
14 world on fire", as the old saying goes. But God knows  
15 and I know that a good part of happy fulfillment is  
16 the ability to derive pleasure out of simple things;  
17 to take a long wondering look at something tiny in this  
18 world.

19 Idealistic crap! Not so.  
20 I realize that high ideals won't put bread on the  
21 table. My wife and kids won't be hungry. But they  
22 won't miss out on the appreciation of life's  
23 adventure either. The point I am making is that the  
24 boy with the cowboy boots, the one you see lying with  
25 his head propped against a bike watching the splendour  
26 of a sunset wash across a field of wheat while he  
27 blows a joint, is also a free thinking, full time  
28 citizen of this country.

29 I blew hash in the summer  
30 because I enjoyed it. Along with many other parts





1 of my life it fits into what I desire from living.  
2 A very minute portion of my life has been spent  
3 stoned. I have witnessed a good many sunsets with a  
4 straight mind. At the time I am writing this I haven't  
5 done dope at all for two months. I only say this to  
6 emphasize the fact that dope is a part-time recreational  
7 plaything. People who get a great deal of enjoyment  
8 out of being/<sup>high</sup>more than likely fit it into their  
9 philosophy of life the same way I fit it into mine.  
10 The reason I have hardly smoked at all in the last 5  
11 months is because of the difference between smoking in-  
12 side and outside and the difference between life in the  
13 summer and life the rest of the year.

14 "Easy Rider" portrayed a theme  
15 of a search for country earth virtues that couldn't  
16 be found by the misguided youth (Fonda & Hopper) or  
17 the establishment (George). I know young people who  
18 went west and north, who spent canoe trips in Algonquin  
19 Park looking for the same thing. Grass supplemented  
20 but did not lead the attack in this search.

21 I myself went on a bike trip  
22 north to Sauble Beach. I couldn't miss observing  
23 that there was a great deal of dope up there. Both the  
24 occasional smokers and the acid cults were enjoying the  
25 summer in the northland. I tried to buy some smoke,  
26 but I arrived late at night and the only group outdoors  
27 was the hippie community that lived on the beach. They  
28 had only MDA and methadrine to offer.

29 It wasn't the same as back home  
30 in Mississauga. There were a great number of different



1 sources of smoke. If the people you knew didn't  
2 have any smoke you could always get some at the Drop-  
3 In-Centres. What I found particularly unnerving was  
4 the number of pushers hanging around the Drop-Ins. I  
5 am not talking about the exchange of hash that took  
6 place. Very few people make a lot of money out of  
7 selling grass or hash. There is no man in a black  
8 car with a hat pulled over his eyes selling narcotics  
9 to the young, innocent thrill-seeker. What grated on  
10 my feelings were the guys sitting on bikes outside  
11 with syringes filled with speed in their pockets,  
12 ready to crank up the first luckless person who was  
13 looking for dope. Many of the pushers were speed  
14 freaks themselves and although most of the young  
15 people who tried speed didn't do it often enough to  
16 let it worm its way into their psyche, I wonder how  
17 many actually did become full-fledged members of the  
18 speed community.

19 The long hot summer was  
20 drawing to a close and drug usage was going flat out.  
21 The kids doing chemical had to be reached.

22 The conclusions I had reached  
23 over the summertime led straight to one word;  
24 communication. At the July 16th meeting of the  
25 Task Force, community buildups and breakdowns in  
26 communication were discussed. The fact that the Board  
27 of Education was setting up a program for the fall based  
28 on teacher-student rapport was a definite blow struck  
29 for communication.

30 The medical profession was also





1 starting to get together and relate to the drug  
2 population. In a report by Dr. Forster, he stated that  
3 more doctors were talking to him about drug abuse. A  
4 meeting of the doctors in general practice was going  
5 to discuss drugs.

6 The area where communication  
7 was broken down to the greatest extent was in relations  
8 with the sub-culture of drug users. They really stick  
9 together. The same young people that scream that an  
10 open minded adult doesn't exist close off their own  
11 attitude. They equate having an open mind with doing  
12 dope. I could feel sympathy for the community problems  
13 in getting frank, truthful answers from kids. Hadn't  
14 I felt just as cut out of it on my level, the real  
15 druggies would have no more to do with me than they would  
16 with the head of the School Board.

17

18 MR. SUMNER: When I returned  
19 to school in September the problem of getting back  
20 into the routine left me little time for the drug  
21 scene. Two definite changes struck me, however:

22 Number one, the majority of  
23 people my age had tried grass over the holidays.  
24 Secondly, there were a number of individuals in Peel,  
25 who had tried chemical drugs in the summer and come to  
26 the same conclusion I had. They were worried about the  
27 amount of bad drugs around. They were uptight about  
28 the effects that acid and particularly speed were  
29 having on a great number of the local teenagers.

30

A small percentage of former



1 students had not returned to school, (mainly speed  
2 freaks) and were living in drug "communes" that had  
3 flourished in the summer. Yorkville is the best  
4 example of the revitalizing effect that warm sunny  
5 months had on the drug community. Young people grouped  
6 together on warm August days and did dope. Gradually  
7 a more open fraternal movement had built up. The increase  
8 in chemical usage (speed communities are closely knit)  
9 combined with the outdoor pastoral "turned on" rock  
10 festival type atmosphere that seems to die with the  
11 first snow, had led to the growth of these more  
12 permanent, semi-visible groups.

13 Hand in hand with this trend  
14 came young people's organizations that tried to deal  
15 with the drug problem on a crisis intervention level.  
16 They also formulated long range outlooks on the  
17 rehabilitation of youth that had totally immersed them-  
18 selves in drugs and in this way had copped out of  
19 society entirely. I had heard hazily of some of these  
20 groups but hadn't investigated them to any great  
21 extent.

22 Members of an organization  
23 called RAP (comprised of Sheridan students and operating  
24 out of Brampton) introduced themselves at the October  
25 meeting and outlined their policy. Day-Glow, (a  
26 similar group operating out of Port Credit) introduced  
27 themselves at the November meeting. A brief outline  
28 of both these organizations and what they are doing will  
29 serve a purpose here.

30 RAP was then composed of



1 approximately 10 students (Sheridan College). For  
2 the most part they are not the straight people. The  
3 long hair and modern gear of most of the members is a  
4 definite asset as their ability to identify with the  
5 drug community in Brampton is essential to the work  
6 they are doing.

7 This work is roughly divided  
8 into two major categories (1) Crisis Intervention, and  
9 secondly, Group Education. As of October, 1969, they  
10 had handled 175 youths between the ages of 13 and 19.  
11 They have become very sophisticated in this role and  
12 their training includes definite guidelines and  
13 rules. Important also in their approach is their  
14 ability to deal with a bumner. Also they have  
15 direct admittance to Lakeshore Psychiatric and Peel  
16 Memorial Hospital through a psychiatrist as well as  
17 the full backing of the North Peel Medical Association  
18 in their ability to deal with the drug problem in  
19 Peel County.

20 The second major area of RAP  
21 work is educational carried out on many different  
22 levels. Young people who are not on drugs but are  
23 considering doing them come to RAP to find out the  
24 situation first. This is the area in which RAP feels  
25 it has been most successful. RAP also gives  
26 educational lectures at public schools and drop-ins  
27 all over Peel. The Sheridan College Drug Education  
28 Course, various parent groups, radio and television  
29 appearances have also claimed their time. These  
30





1 people are responding to a crying need for informed,  
2 frank young people to tell adults how it really is.  
3 But RAP would need more support than the group is  
4 receiving in the Brampton Community.

5 Problems in their work  
6 include lack of finance, police cooperation and  
7 credibility". There is a striking similarity  
8 between the hassles of the RAP group and many  
9 other young people's organizations like them.  
10 Day-Glow, the second group that the Task Force  
11 came to know well, illustrated this perfectly.  
12 While the Day-Glow group see their group as  
13 being much the same (educational programs, crisis  
14 intervention and referral), there is one program  
15 that it has pursued that I feel is tremendously  
16 important and would like to dwell on for just  
17 a moment. This is the concept of the "half-way house".  
18 The group states, "We are willing to set up a half-  
19 way house that will enable the drug abuser to  
20 get the support needed to assist him in  
21 rehabilitation, and eventually get him involved  
22 and back into society. The half-way house  
23 would provide an environment containing discipline  
24 and understanding as well as support for anyone honestly  
25  
26  
27  
28  
29  
30



1 attempting to withdraw from drug abuse". This method  
2 is the most positive hope for solution of the heavy  
3 drug users that I have yet encountered.

4 "In addition, there exists a  
5 great need for more "half-way" houses (such as Digger  
6 House and Oolagen) to provide decent living plus the  
7 psychological supports necessary to help these young  
8 people, when ready, to find their <sup>way</sup> out and into a more  
9 satisfying, socially productive life in the larger  
10 society. The cost would likely be high (and the  
11 opposition loud), but nothing short of a well-conceived  
12 intensive rehabilitation program is likely to succeed."  
13 John A. Byles, Alienation, Deviance and Social Control  
14 (Interim Research Project on Unreached Youth); Toronto;  
15 June 1969.

16 It ties in with my feeling that  
17 young people who are really in trouble over drugs must  
18 be dealt with on a personalized level. Establishing  
19 a home atmosphere in a house (like Trailer in Toronto's  
20 Yorkville Village) while maintaining a livable climate  
21 for a speed freak is perhaps the most effective method  
22 of turning him off.

23 This is perhaps the strongest  
24 plea I could make to the Commission. We must have  
25 half-way houses built on the instincts and energies  
26 of people like RAP, and following the pattern of Day-  
27 Glow or Trailer if the speed epidemic is to be halted.  
28 We cannot do without community workers if communication  
29 lines are going to be kept in working order. Herein  
30 lies the silver lining of the drug problem. Perhaps





1 out of this mess the workers can be found who will  
2 build the table at which the adults and young people  
3 will finally sit down and communicate.

4 The one thing that is not right  
5 about the half-way house idea in Peel is that there  
6 is not enough of them. Community workers and  
7 half-way houses could virtually eliminate the problem  
8 of chemically-orientated groups in Peel. But progress  
9 had been pain-stakingly slow: even "token" community  
10 workers were not yet here, and half-way house working  
11 units were still in the future. Day-Glow has such  
12 a house on a temporary basis and will be evicted soon,  
13 ostensibly because of a residential by-law in the Town.

14 The Task Force unanimously  
15 endorsed the half-way house concept with the provision  
16 that a responsible, credible community worker be in the  
17 house to act as a mediator between Day-Glow and the  
18 Establishment.

19 In September there were further  
20 breakthroughs. Evaluation of summer drug usage had led  
21 to some very concrete results.

22 The Task Force was in the  
23 thick of public education about drugs. Along with  
24 the Addiction Research Foundation and the Sheridan  
25 College Continuing Education Division, we had sponsored  
26 the Adult Drug Education Course. The course was  
27 designed for selected community helpers in health, social,  
28 educational and religious organizations, providing them  
29 with accurate and practical information to improve their  
30 skills and competence in caring for and preventing



1 | problems of drug and alcohol abuse. This certainly  
2 | was a top priority in the community.

3 The Drop-In-Centres operating  
4 over the summer were looked at. A member of the Lorne  
5 Park Drop-In-Centre organization read some of the  
6 report of their detached worker. He had seen his main  
7 role as a counsellor, giving factual information to  
8 young people, and explaining the situation to parents.  
9 He felt that there was a greater number of young people  
10 using drugs in this area than anywhere else he had  
11 encountered. The number of kids that turned to the  
12 detached worker for aid demonstrated the need for a  
13 detached worker. I knew most of the kids in the drop-  
14 in and they liked "Clive". He helped a few infected  
15 speed freaks get medical aid without the normal  
16 hassles that usually accompanies such a predicament.  
17 The Drop-In-Centre people appreciated this and came  
18 to realize how an adult who was their peer could aid  
19 them tremendously.

The Co-ordinator of Physical Education for the Peel County Board of Education discussed plans under way for a school drug education curriculum. Like many others, the plan was a compromise between the ideal of an educational course with a co-ordinating specialist and a plain factual course. Rather than use a prepared curriculum, it was felt that if the teachers are involved in their own course it would come across to the students with conviction. A need for counselling for regular drug users was recognized.





The chairman of the Task Force reported on the LSD Drug Education Pavilion in Montreal, at Man and his World. It was passed unanimously that the Task Force requested that the display in total come to this area. This multi-media factual approach is a pertinent part in the work of the Task Force. I felt that parents in particular would benefit from it if it was presented to a good number of them.

10 The head of the Mississauga  
11 Narcotics Squad felt that the arrests made in February  
12 and March of 1969 had been a direct reason for the  
13 decline in drug usage. Maybe so.

14 I thought back to those days  
15 and my memory said, "Something doesn't fit here",  
16 and something in those memories made me feel that what  
17 he had said should be taken more seriously

18 The smoke did float away just  
19 as the summer began. However, Acid started selling  
20 like crazy. The advent of summer and the lack of  
21 smoke produced a "screw it" attitude and a good  
22 number of people commenced dropping acid on the  
23 weekend. Speed became more popular and you could buy  
24 crystal quite easily. It was the best quality drug  
25 for your money. I think there was good evidence that  
26 the drive to stop drug use just prior to the summer,  
27 led a good many young people into speed and acid.  
28 Speed isn't illegal, only trafficking is. To be nailed  
29 for this, the crystal merchant must have an unreal  
30 amount. There has been very few convictions in this





city and this is a loop-hole in the law that is readily exploited. A further attraction towards speed and acid is that grass is bulky, hard to hide and cheaper per unit weight. Even so, chemical has died down while pot is on the upswing. This trend gives testimony to the merits of marijuana and the sensibility of those who use it.

October was a time of plenty as far as the drug scene was concerned. There was some acid around in Streetsville, Oakville and Erindale, but chemical seemed to be on it way out. Hash sales were going great guns, however. Weekend parties were generally a combination of alcohol and smoke.

A distinction has been made between the experimental and the habitual user, however the necessary and proper categorization must be carried further than just the divisions of "inner cult" and "recreational users". A second categorization should differentiate between the chemical vs. the smoke (hash and grass). Yet even a further narrowing should take place.

An acid head and a speed freak have some things in common. They are both sick mentally and have a problem that they probably can't solve without some help. However, the marked differences between the two, that if they were put in the same room together they would probably be at each other's throats in no time.

The individual who does acid



1 frequently over a period of time is a special breed.  
2 I have found this personality type often suffers from  
3 feelings of inadequacy. The mental distortion and  
4 often unpleasant effect of the LSD that he is doing  
5 are interpreted by him as mental failure and a slight  
6 on his masculine ego. The many repeated trips are  
7 endeavours to prove his masculinity.

8 The speed freak enjoys the  
9 breakdowns of inhibitions and expanded energies of a  
10 speed stone. He feels that when he enters a room  
11 and he is speeding he gets to know everyone in the room.  
12 When he comes down and returns to his much less  
13 colourful self he can't stand the change. The  
14 breakdowns in inhibitions eventually becomes a  
15 complete breakdown in mentality and psyche.

16 The October meeting of the  
17 Task Force dealt mostly with the continuation of  
18 talks concerning the main projects at hand from the  
19 previous month.

20 In addition to discussion of  
21 the Sheridan Drug Education Course for professional  
22 workers, there was considerable talk about a course  
23 for parents. There would certainly be difficulties,  
24 such as the non-availability of well-informed public  
25 speakers and the conflicting opinions of these  
26 speakers. Since resource people are a major problem,  
27 we wondered if graduates from the first course might  
28 help in future larger courses for parents. It was  
29 agreed that there should be a course in Brampton with  
30 television and radio extension. And here, as in many





1 other such experiments, there was great hope for  
2 parent-teenager dialogue. The Sheridan students  
3 (RAP) agreed to give their help and the Task Force  
4 offered its help as an information source for  
5 resource people.

6 Autumn was the season and the  
7 prevailing mood about drugs in Peel County seemed to  
8 be one of apathy. Smoke was still being blown but  
9 it was not as active as in the summertime, there wasn't  
10 the adventure in it that there once was. It was being  
11 accepted much more as something not so very dark or  
12 mysterious. Chemical use had dropped noticeably.  
13 Speed particularly disappeared from our area. There  
14 were quite a few former "heads" running around and  
15 getting drunk now instead of using dope. They were fed  
16 up with the hassle and the price of dope so they were  
17 "juicing" it. In short, the drug picture at this  
18 time was pretty dead in Mississauga.

19 The Task Force was  
20 solidly working at revitalizing structures that were  
21 helping young people in trouble with drugs and  
22 stimulating ideas that not only attacked the surface  
23 but also the roots of the drug problem.

24 Adarf fact sheets  
25 were distributed to every home in Mississauga in  
26 hope that it would answer questions brought up  
27 by parents. Other municipalities were interested  
28 in carrying out the same problem which suggested  
29 that they were aware of the problem and were willing  
30 to initiate programs which are in control of the



1 problems.

2 In December, Co-ordinator of  
3 Adult Education for the Peel County Board of Education  
4 and a representative of the University Women's Club  
5 appeared to ask about the need for future adult drug  
6 education programs. In other words, the parent-  
7 education thing was doing something at last, and would  
8 prove to be one of the main concerns of the Drug Task  
9 Force in the near future.

10 The Day-Glow group made a  
11 request that the community employ a detached worker.  
12 As I saw it, the main job of a detached worker, at  
13 least at first, was to be a bridge between the power  
14 structures and the smaller groups that were starting  
15 out to help the teenagers like RAP and Day-Glow.

16 The drug scene at our school  
17 had altered very slightly. Grass had returned  
18 (rather than Hash) and around Christmas time there  
19 was a great deal of MDA around. It was cheap (5 tabs  
20 for \$10) and mostly mescaline.

21 Chemical, even those that  
22 produce a so-called "love trip", always seems to  
23 disappoint the person taking it.

24 The Task Force had an active  
25 education program going and now turned thier  
26 concentration on RAP and Day-Glow. RAP outlined some  
27 of their needs to us. One member of the Task Force  
28 was going to be on the Board of Directors that has been  
29 formed to help give RAP rapport and creditibility with  
30 the community and to help solve the money problem.





Day-Glow told the Task Force that their basic interest was in crisis intervention. The Task Force wondered if RAP and Day-Glow could work together (they now have some communication; in particular, RAP is helping Day-Glow with their crisis-intervention work). The Drug Alert co-ordinator, Mr. Shankula, outlined the Kiwanis Drug Alert program. Jim Hoshko reported that the group in Malton that had requested some help with their young people, now have a most active Drop-In-Centre with a very effective program based on the help received from the Task Force. The community worker idea was mentioned again.

In January, the dope scene had peaked and levelled off and chemical use in particular had fallen off considerably. I had certainly altered my thinking on what constituted a drug problem and what could be done in the way of a solution. The scene had shifted and although there was a lot to be done, I felt the situation had changed for the better.

There were three parent-education courses under way or planned for the near future. One was at Bramalea Secondary in Bramalea, which had started; another was starting on February 9th, in Clarkson and the other was in the planning stage by the Knights of Columbus which would take place in the east area of Mississauga. The Co-ordinator of the Peel County Board of Education asked the Drug Task Force for opinions on two types of education courses that he had in mind for evening-parent courses in





1 schools.

2 As of January 13, 1970, RAP  
3 has undergone a reorganization of its operation. It  
4 has fewer member on the staff. However, it continues  
5 to offer the same services. RAP now has a board of  
6 directors consisting of three people from Brampton:  
7 a lawyer, a medical officer of health and the director  
8 of the local Salvation Army.

9 Day-Glow staff again outlined  
10 their present work and problems. Their immediate  
11 problem was being moved out of the house that they  
12 were using as their half-way house, and unable to get  
13 another one. They were asking the Mississauga Town  
14 Council to help them re-locate.

15 The future of organizations  
16 like Day-Glow would largely rest on the outcome of this  
17 group in Peel County. Day-Glow was serving as a type  
18 of scout for the half-way house idea. They asked for  
19 endorsement from the Task Force and their objectives or  
20 purposes were received favourably. There was a  
21 qualifying phrase attached to it, however, because the  
22 Task Force could obviously not assume the responsibility  
23 for an operation they didn't directly supervise. Perhaps  
24 the answer to the Day-Glow and RAP structure is the  
25 community worker.

26 It was reported that the Port  
27 Credit Rotary Club is interested in subsidizing a  
28 community worker but he would have to give the  
29 majority of his attention to the needs of Port Credit.  
30 This is commendable. One community worker in Port



1 Credit is not sufficient for the needs of our area.  
2 We have to draw on our huge reservoir of energy. Many  
3 similar groups have a worried focus on the drug powder-  
4 keg. The young people are throwing their lives into  
5 helping to solve the problem. Also seven churches  
6 in Mississauga are raising funds for a community  
7 worker for that area. Churchmen, parents, community  
8 professionals and young people are involved in the  
9 project. Everyone is involved. Well, almost everyone.

10 The government of this country  
11 should be grabbing a lot of the action too. Surely  
12 to God the symptoms of a sick society should be dealt  
13 with by our leaders as if it were a matter of life and  
14 death. And, for the mindless, bumbling idiot that  
15 stumbles across the road in front of your automobile,  
16 it is exactly that.

17 MR. MCKINNELL: When these  
18 fellows developed this brief that they just finished  
19 reading to you it was recommended they should contact  
20 other members of the Drug Task Force and respond  
21 to the question, "What does the Drug Task Force feel  
22 is the most important and promising line to follow  
23 in the future?" and included in a brief forwarded to  
24 you where representative type replies and you  
25 will notice among these replies is a great deal of  
26 redundancy or, putting it more positively, unanimity.  
27 That is, if we look at something submitted by  
28 Mrs. Arnott, you will see that she has said, "The  
29 most promising line for the Drug Task Force to follow  
30 in the future is to continue its activities:





- 1 (a) in improving lines of communication regarding  
2 resource people and material for educational programs  
3 for students, parents, and other interested adults;  
4 (b) in promoting communication and cooperation  
5 between helping agencies and organizations and the  
6 public in relation to the "drug scene";  
7 (c) in showing an interest in and giving guidance  
8 youth groups as RAP and Day-Glow;  
9 (d) to help support the establishment of treatment  
10 centres; and finally,  
11 (e) work toward clearer identification of the causes.

12 That same line of thinking  
13 is proposed by Mr. Purdy when he says, "I think the  
14 Peel County Task Force should continue to effect  
15 every possible measure of (1) identification of needs  
16 (2) measurement of resources (3) coordination of  
17 existing services (4) information; and (5) examination  
18 and assessment of the programs developed. In short  
19 to undertake everything that has been done in the  
20 past, plus evaluation to do more, to do better, and  
21 to remain flexible and responsive.

22 One of the other Task Force  
23 members suggested that in addition to what already  
24 had occurred that there should be a growing out  
25 or making new contacts with other organizations such  
26 as the Council on Drug Abuse, the local pharmaceutical  
27 association, and so on. Also, that in carrying out  
28 these general sorts of statements of purpose that  
29 we should make them fairly specific and do something  
30



1 about building or getting a facility or the development  
2 of a half-way house. It is interesting that one of  
3 the other Task Force members emphasized something  
4 quite different, which I think most of the other  
5 Task Force members took for granted, and she called  
6 to our attention this: the Task Force has always  
7 had young people as members. This is what has given  
8 the committee whatever force it has had in addition  
9 of other young people who are forming their own  
10 helping organizations and look to the Task Force for  
11 some community support has strengthened this  
12 initial direction. She says, "In my opinion this  
13 serves as one way in which young people can give  
14 more direction to the institutions of society  
15 and is the most promising aspects of any Task Force".

16 THE CHAIRMAN: Thank you very  
17 much Dr. McKinnell, Father Leblanc.

18 In listening to your description  
19 of these experiences, the question occurred to me:  
20 can this not be done without drugs, this feeling of  
21 being more human, appreciating environment, living  
22 intensely in the present - can this not be achieved  
23 without the use of drugs.

24 MR. ROBINSON: I think that  
25 we understand that this could be and for the most part  
26 is achieved without the use of drugs, but is an  
27 alternative to alcohol or a momentary diversion. It  
28 is more what people are looking for, more what young  
29 people are looking for, and also the fact that you  
30 could sort of arbitrarily create this mood on impulse



1 say, at the end of a long school day when you are  
2 dragged out, when you are sort of uptight with the  
3 whole system, you couldn't normally -- or it would  
4 be very difficult normally to be always able to create  
5 that mood, that feeling of interest, that re-stimulation,  
6 and this I think is partly the motivation for drug  
7 usage. I tried to clearly make the point that it is  
8 a very part time thing, it is a very momentary thing,  
9 it is done many, many times without drugs, but it is  
10 done with drugs and it is different, it is new.

11 DR. LEHMANN: Why do you  
12 think -- in October, I think, you found that parties  
13 were taking place and there was a good deal of drinking  
14 and smoking. Now why would people do that?

15 MR. ROBINSON : Well often  
16 times, some people drink, and some people smoke.

17 MR. SUMNER: Sometimes the  
18 people would drink, sometimes they would smoke.

19 DR. LEHMANN: Why would they  
20 drink as well?

21 MR. ROBINSON: Well they would  
22 have to come to their own decision, often times they  
23 would try and get nothing out of it, and people  
24 drinking, a person who had been drinking and tried  
25 it a couple of times, found nothing in it for him.

26 DR. LEHMANN: So some people  
27 would not get this experience that you described?

28 MR. ROBINSON: Certainly not.  
29 I think only if grass were made legal, I think it  
30 would only be a certain group that would retain grass





1 as part of what they want. The majority of people  
2 would try it and see what they would get out of it.

3 DR. LEHMANN: Would some  
4 become pot heads?

5 MR. ROBINSON: What do you  
6 mean by pot heads?

7 DR. LEHMANN: Well, people  
8 who get stoned and remain stoned all the time, don't  
9 use it the way you described it here -- to try and  
10 intensify ---

11 MR. ROBINSON: Well those are  
12 people that are already screwed up, they can't handle  
13 caffeine, they become caffeine addicts and you are going  
14 to have a certain number of people like that in society.  
15 They are the people that go onto harder drugs eventually.

16 THE CHAIRMAN: What is your  
17 objective then at the half-way house? What are you  
18 trying to accomplish for drug users? Are you trying  
19 to dissuade them from drug use, or are you trying to  
20 offer them a substitute for drug use; what is your  
21 intention?

22 MR. ROBINSON: It is mainly  
23 for the speed freak or the acid head, but primarily  
24 for the speed freak because he needs two things:  
25 he needs a home environment, but he needs it away from  
26 his own environment; he needs that feeling of home,  
27 among his contemporaries. So the only place he would  
28 get that is not in an institution or a place he could  
29 go to, it is in a home, a half-way house that has been  
30 created and they could pull him out of the outside



1 environment and put him into a warm human, home  
2 atmosphere with people that understand him, but at the  
3 same time they want to get him off dope, and it works.

4 THE CHAIRMAN: Does it work?

5 MR. ROBINSON: It works; it  
6 really works.

7 THE CHAIRMAN: That is very  
8 interesting because we have been told that it is very  
9 difficult to wean the speed freak from his support of  
10 speed community where he gets a certain type or  
11 recognition or support, that he may prefer to this  
12 other type of environment you described. You have  
13 said success with this?

14 MR. ROBINSON: Well, in the  
15 community where he would have constant re-enforcement  
16 of his personality, but he can get that re-enforcement  
17 in the half-way house because those people are, without  
18 exception, people who tried it, so they understand the  
19 type of re-enforcement he needs. They understand  
20 the way to build up his ego, to give him something to  
21 grasp ahold of.

22 FATHER LEBLANC: Mr. Chairman,  
23 we are discussing here, experimenting more with crisis  
24 intervention centres rather than half-way houses to  
25 deal with speed users, or hard drug users, and the crisis  
26 intervention centre where the members of Day-Glow  
27 and RAP preside can bring members here. We have  
28 difficulty with terms. They presented us with a  
29 description of half-way house, where really it was  
30 more a treatment centre, a treatment centre for drug





1 users where people could go away for possibly treatment  
2 for six months, or two weeks, or two months. Now I  
3 think in Peel County we have crisis intervention  
4 centre. People there who reside in a certain place,  
5 they can bring people there, and they can also go  
6 into the community if they are called upon by the drug  
7 user.

8 THE CHAIRMAN: From what we  
9 know then, of the speed freak, what are the causes  
10 do you think of this being attracted to speed? How  
11 does it start?

12 MR. SUMNER: One would  
13 probably be poor home life and he has to get away  
14 and keep away from the home and he may get mixed up  
15 with kids around him, so it would possibly be passed  
16 down from friends who say, "Now this is a great thing",  
17 and go from there.

18 MR. ROBINSON: If you read  
19 the Trailer Report on speed freaks they described the  
20 different types, the centre of the group, the hero  
21 type, and I think there is a difference in speed  
22 freaks. The only thing they don't like is themselves.  
23 In all cases, that is the one thing that is common  
24 to a speed freak. They don't like their normal self.  
25 They like the screwed-up super human being they become  
26 when they do speed, and the speed community re-enforces  
27 that idea.

28 THE CHAIRMAN: Re-enforces  
29 their self hatred you mean?

30 MR. ROBINSON: Well they



1 constantly want speed, they constantly describe  
2 it to other people: "it is a bad thing, they are  
3 messed up", but I think the reason for doing that  
4 is because it offers them an excuse, something to sit  
5 on, they can say, "Well, I am screwed up, I can't make  
6 it, but maybe you can".

7 THE CHAIRMAN: How have you  
8 been able to help them develop self-acceptance in  
9 this other environment?

10 MR. ROBINSON: Well the point  
11 is they usually--up 'til now, it has not been  
12 developed enough to be an actual treatment centre  
13 but the cases I was thinking of were people who got  
14 involved, or came first on the crisis intervention  
15 level, and then were weaned off the speed as they  
16 become involved in Day-Glow itself, like the members.  
17 There are a number of members there who are speed  
18 freaks, and as they were weaned off acid, they became  
19 involved in helping other people. This is the direction  
20 (inaudible) has taken up on that particular case.

21 THE CHAIRMAN: They became  
22 involved in helping. And you feel that this gave  
23 them a chance to find self-worth?

24 FATHER LEBLANC: They have  
25 been working at it seven days a week.

26 THE CHAIRMAN: Yes, completely  
27 involved.

28 FATHER LEBLANC: Yes, and  
29 meeting with City Councils and meeting with different  
30 groups, and so involved in it that it becomes a life



1 vocation, without being paid.

2 MR. STEIN: On that point,  
3 one of the statements that I have been interested in  
4 hearing about these programs run by young people, is  
5 that when they are focused almost entirely on the  
6 drug use phenomena, whether it is speed or whatever  
7 drug it happens to be, that people tend to burn  
8 themselves out because they do end up working for  
9 seven days a week, 24 hours a day. And as one person  
10 put it very bluntly, there isn't enough fun and there  
11 isn't enough activity of other sorts offered to  
12 keep the motivation going, where people stay with it.  
13 They develop almost a fixation in being involved in  
14 pathology. The question rising out of this is, do  
15 these two places that you are familiar with, using  
16 the drop-in-centre concept as you envision it, does  
17 this get beyond the drug use phenomena, or is this  
18 the total content of the program, helping the drug  
19 user?

20 FATHER LEBLANC: No; part  
21 of it is helping them go to schools and hospitals,  
22 and helping to educate doctors, and not always  
23 concentrating on drug users.

24 MR. STEIN: For example I  
25 heard last week in Victoria that the Cool Aid  
26 operation there, the young people there are going to  
27 make a movie with some people from the Silver Threads --  
28 I just mention this because it is a recent example.  
29 They have no particular idea of what is going to  
30 come out of it, but they have become rather excited





1 about getting involved with older people, and they  
2 have a camera and they are going to make a movie.  
3 There are these kinds of activities that some of these  
4 Drop-In-Centres have been able to develop--a whole  
5 range of things which they call fun, and I get the  
6 impression that this focus is almost--from your  
7 answer--perhaps unfairly--totally focused on responding  
8 to drug use or excessive use.

9 FATHER LEBLANC: Groups like  
10 Day-Glow and RAP, their purpose is to deal with those  
11 in the community, crisis intervention, they are not  
12 involved in the Drop-In-Center at this time, and I  
13 think the problem is to help these indigenous groups.  
14 There is another problem, and that is how to become  
15 accepted in the community, and one of the things that we  
16 have realized on the Peel County Task Force is that  
17 there are certain things we can do, there are certain  
18 things that Dr. McKinnell can do, there are certain  
19 things that the Deputy Police Chief can do, but there  
20 are other things that we cannot do, and these crisis  
21 intervention, small groups, can be in the drug  
22 community, can be the link between our groups and  
23 the drug community. They are credible, they have  
24 long hair, they wear the beard, they wear the clothes,  
25 therefore, they have credibility. And they have  
26 credibility when they come to speak to us, because  
27 we know what they are doing, and it is community  
28 accepted, and the need for new types of groups such  
29 as RAP and Day-Glow to serve a function which many  
30 organizations feel they cannot cope with. So that is



1 the real problem that we have seen over the past.  
2 I think any institution or agency that were to face  
3 the same hassles or problems that these groups have  
4 faced over the past eight months would have gone  
5 bankrupt a long time ago, but they have persisted  
6 and persisted to the point where they are at now,  
7 and they have acceptance on the part of the Mississauga  
8 Town Council, the Brampton Town Council, they have really  
9 grown and they have changed themselves completely.

10 MR. ROBINSON: I think if  
11 I can make a point also in answer to you, Commissioner,  
12 as  
13 I think that/the group, the structure, evolves, then  
14 it won't sort of require the blood of the people  
15 to keep it vitalized. They can leave and another  
16 generation can come it. If the house is there,  
17 the concept is there, the guidelines are there,  
18 new blood can come in, and they don't necessarily  
19 have to spend 24 hours a day. (There are funds there  
20 for professionals.) The philosophy of the structure  
21 would be positive enough so that people can come out  
22 of it and go back and it won't collapse, and it  
23 won't require 24 hour a day work to keep it going,  
24 because the structure itself will be there. It will  
25 be Day-Glow structure, like Trailer in the city.  
26 and go at  
27 The people can come / Trailer because it is developed  
28 enough. (They still have to care, but the structure  
29 makes it.)

30 THE CHAIRMAN: What is the  
financial basis at present; what is its source of  
financial support?





1  
2 Day-Glow itself?

MR. SUMNER: Of RAP and

3 THE CHAIRMAN: Yes.

4 MR. SUMNER: We have grants  
5 from the Town Councils and also, oh, there is one  
6 point. They have made public speeches to schools  
7 and different groups and they have made their money  
8 there.

9 DR. MCKINNELL: Also grants  
10 from research foundations and hopefully, ultimately  
11 through the Social Planning Council, things of this sort.  
12 Also such things as Rotary have made small donations.

13 MR. STEIN: On the point that  
14 you made about community acceptance, it occurred to  
15 me that one of these statements that I have heard  
16 expressed by those groups that haven't had this  
17 community acceptance, is that they have maintained  
18 very adamantly and publicly that they are always open  
19 and accessible to the community at any time, that  
20 they are not -- well, you are nodding your head,  
21 so the question really was, is this a characteristic  
22 of these facilities? In other words, is the community  
23 welcomed and encouraged to come and see what is going  
24 on there, and be involved if they so desire?

25 FATHER LEBLANC: We have  
26 suggested to these groups they appoint boards of  
27 directors, which they have done, and these boards of  
28 directors are people from the Task Force and people  
29 from the community, and they are supervised by members  
30 of the community and they are completely open.



1 MR. STEIN: I was taking  
2 it even a little more literally, because a lot of the  
3 reaction in the community is usually based on an  
4 anxiety-- well, one of the anxieties is they would  
5 become centres of distribution of drugs, and there  
6 is a lot of uncertainty as to what goes on there,  
7 and the extension of an invitation to the community at  
8 large is sometimes a valuable technique and a legitimate  
9 way of explaining what the program is about.

10 FATHER LEBLANC: This has  
11 been done.

12 THE CHAIRMAN: One of the  
13 things that we have to try to understand as best  
14 we can, is the phenomena of multiple drug use. As  
15 you know, certain contentions are made as the relation-  
16 ship between the drugs and the use of one may lead  
17 to another. Your presentation draws a distinction  
18 between marijuana -- cannabis,  
19 hash and grass, and what you referred to generally as  
20 chemicals or the other drugs.

21 From your own observation  
22 of drug use, what do you see in the way of a multiple  
23 drug use pattern, if any? Do you see a type of drug  
24 user who goes from one to the other, who seeks more  
25 potency, who seeks greater kicks?

26 MR. ROBINSON: One general  
27 trend is that chemicals are mostly done in the younger  
28 group except for the people who get lost, like these  
29 speed freaks and that. Like in the grade 9 and 10 and  
30 even maybe a bit lower, that is where the chemical





1 is done, that is where speed is tried and acid is  
2 dropped and usually by the -- it seems to me that  
3 by the people, usually at the higher grades, people  
4 that are still at school, that haven't sort of dropped  
5 out to the city, which is the majority, the high  
6 majority, 95%, no longer --they do smoke sometimes but  
7 they no longer do chemical.

8                   Often it is just once or twice  
9 chemical is tried. People think that once acid is  
10 done they sort of get the feeling  
11 that person is very nasty is speed is tried once --  
12 it takes actually quite a while to develop into a full  
13 fledged speed freak. It takes more than one or two  
14 trips, it takes a while for the person to finally  
15 physically be able to build up a tolerance to the  
16 point where he needs a lot and he has got to get it  
17 and he enters the speed community. So this sort  
18 of skirting around the edges/<sup>is</sup>done by a lot of people  
19 and they would then draw back and they still do  
20 smoke, because smoke is nothing, it is not that much,  
21 It is like six beers to an awful lot of people. That  
22 is how they regard it, it is like that mild. It is  
23 a part of something. It is never enough to go out  
24 and do smoke on one night. I mean you do something  
25 and you might like sit at home and listen to music,  
26 or you might go to a movie and do a little bit of  
27 smoke. You see, it is not a big thing.

28                   THE CHAIRMAN: Do you think  
29 it has any significance as an initiation to drug use?  
30 Let's put it this way: would you say -- is it





1 possible that people who use marijuana are more likely  
2 to go on to experiment with other drugs than  
3 those who do not or are never introduced to it?

4 MR. ROBINSON: Only in the  
5 sense if you take the vast majority of kids now,  
6 they have tried grass, and they know like where to get  
7 grass and they know people who deal in grass.

8 THE CHAIRMAN: When you  
9 say the vast majority, what would you say is the  
10 proportion of young people who have used it at one  
11 time or another?

12 MR. ROBINSON: I ---

13 THE CHAIRMAN: The vast  
14 majority here is maybe a strong statement.

15 MR. ROBINSON: By saying  
16 the "vast majority" I am also including the number of  
17 people who are next to it. There is the odd  
18 person who hasn't tried it, who is right next to it.  
19 Like his friends will try it, like he will go out  
20 and maybe he won't do smoke at a party where everyone  
21 else is doing it. I mean they come in contact with  
22 grass. I think the vast majority of kids, at least  
23 in the area I live in. I know very few kids who  
24 haven't, very few. And in that sense there is the  
25 odd kid who has nothing to do with drugs. Now that  
26 person isn't as likely to run into any chemical as  
27 the vast majority of people because ---

28 THE CHAIRMAN: You say you  
29 are more likely to run into chemicals if you use  
30 grass?



1 MR. ROBINSON: If you know  
2 the people who do it.

3 THE CHAIRMAN: If you know  
4 people who do it.

5 MR. ROBINSON: But that is such  
6 a large percentage of the student population. That  
7 almost is invariable in my mind. Because everyone knows  
8 where the drugs are if they want them, so it doesn't  
9 make any difference any more.

10 THE CHAIRMAN: Have you seen  
11 any evidence of heroin?

12 MR. ROBINSON: Absolutely  
13 none.

14 THE CHAIRMAN: None.

15 MR. ROBINSON: None at all.

16 FATHER LEBLANC: We have been  
17 told, Mr. Chairman, by the RAP group in Brampton that  
18 there is some heroin coming into the area.

19 THE CHAIRMAN: You haven't  
20 heard any intimations of the possibility of heroin  
21 this summer? We have been told this in other areas  
22 and great concern has been expressed to us about  
23 the coming summer.

24 MR. SUMNER: Possibly it  
25 could be because Toronto is so large, and things come  
26 from Toronto and it is spread out into the smaller  
27 areas like ours.

28 DR. McKINNELL: It is difficult  
29 to anticipate. One of the groups mentioned here is  
30 Day-Glow. Two or three months ago, in conversation





1 with members of this group, they were quite sure  
2 that the spread from -- of heroin from Toronto to  
3 New Toronto to Mississauga was imminent probably in  
4 the next couple of weeks. Well, at that time it  
5 didn't develop, but certainly ---

6 THE CHAIRMAN: Well, what  
7 would your attitude towards the use of heroin be?

8 MR. SUMNER: I would be  
9 interested myself and I don't know too much about it.

10 MR. ROBINSON: I should have  
11 separated -- I sort of put chemical and acid and  
12 speed in that category, grass here and then the  
13 hard narcotic, cocaine and heroin and opium in another  
14 category, altogether because I haven't dealt with that  
15 one that much. I haven't seen much of it.

16 THE CHAIRMAN: No. But if  
17 you were told , if you were told that there was the  
18 danger in the coming summer, and by people that you  
19 had reasonable confidence in, you were told there  
20 was a danger in the coming summer of heroin being  
21 offered, what do you think should be the community  
22 response? How would you feel that the community should  
23 react to that? What is the most effective means  
24 of responding to that?

25 MR. SUMNER: I think  
26 definitely you would need to have something the  
27 kids can do in the summer. Now as you have heard  
28 the job situation is pretty bad so there is going  
29 to be a lot of kids with extra time on their hands  
30 and programs like the drop-in-centres and also in



1 our area four of the secondary schools are being  
2 opened up so they can have programs for the youth  
3 and it is pretty well run by the youth if they want  
4 to, say, take sky diving or scuba diving, they can  
5 get a bunch of kids together and do it, so it is  
6 keeping these kids busy.

7 THE CHAIRMAN: So inactivity  
8 is an important part of the drug use patterns?

9 MR. ROBINSON: If you can  
10 get to the people like in Day-Glow and RAP, and  
11 sort of like get them to make it known that heroin is  
12 bad, like speed, there would be a lot more speed--  
13 like they are sort of the scum of the community.  
14 (People who don't do grass; speed freaks--they regard  
15 them the same as a straight person.)

16 THE CHAIRMAN: You didn't  
17 mean to equate the straight person; you didn't mean  
18 to regard them as the scum of the community.

19 MR. ROBINSON: No, I am  
20 sorry, I mean they regard the speed freak as scum  
21 as well as the stoned people.

22 THE CHAIRMAN: Oh yes, right.

23 MR. ROBINSON: I wouldn't  
24 say that.

25 It is that group, the group  
26 that has done chemical who have sort of got through  
27 it, got their feet in mud and know what it is about.  
28 They are the only ones that can, they are the people  
29 that are at the right place at the right time, to  
30 say that, "heroin, you know, stay away from it". They



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1 is tha---

2 DR. MCKINNELL: I am sure  
3 that these fellows have the viewpoints you are looking  
4 for.

5 THE CHAIRMAN: Right. All  
6 right. If you will just wait for a minute, there  
7 is a gentleman at the microphone.

8 THE PUBLIC: Yes. I was  
9 going to ask the Father a question. Does your Task  
10 Force education program encourage the legalization  
11 of marijuana at this time?

12 FATHER LEBLANC: The  
13 education program is not concerned with discussing  
14 the legalization of marijuana. We attempt to  
15 educate the community to the new society we are living  
16 in, and to the drug situation as it presents itself  
17 in Peel County, so we really have not dealt with it  
18 at the education level.

19 THE PUBLIC: Should this  
20 Commission's Report that is now being tabled, yet not  
21 translated, recommend the legalization of marijuana,  
22 would that effect your education program, and would  
23 you welcome it?

24 FATHER LEBLANC: I really  
25 don't see how it could affect our educational program.  
26 We have the one educator here is at the end and  
27 would you care to comment on that?

28 DR. MCKINNELL: It would  
29 effect the material because the content of the  
30 curriculum designed to be factual, all of the facts



1 so far as it is possible within time limits to include  
2 these, but certainly it has not been the goal to  
3 present a biased picture; it is certainly not being  
4 done consciously. As part of the facts, of course,  
5 we have to deal with the legal status of these, and  
6 if marijuana were legalized, you know, there may be  
7 a slight change in fact.

8 THE PUBLIC: I am sure you  
9 don't encourage the use of marijuana.

10 DR. McKINNELL: We, in the  
11 school program, have not encouraged the use of  
12 marijuana, nor have we said, "Do not use heroin."  
13 We present factual material which we hope will be  
14 considered and which will be the two conclusions  
15 based upon the fact.

16 THE PUBLIC: Being involved  
17 with the Board of Education, what is your instructions  
18 to your guidance teachers on a one to one relationship  
19 with someone using drugs with regard to informing and  
20 on a one to <sup>one</sup> / community relationship where he is  
21 trafficking in heroin?

22 DR. McKINNELL: Well,  
23 honestly, there is no policy. Such policy is at this  
24 time under consideration. We have contacted a number  
25 of other people with regard to issues of this sort --  
26 Montreal for example has found it expedient in  
27 matters of this sort to avoid laying down hard and  
28 fast guidelines, and others have been fairly  
29 expressive. Some communities have directed their  
30 guidance personnel to inform the school principal of





1 any knowledge that they have of youth, trafficking in  
2 drugs. So far in our community they have not made a  
3 final decision on that issue.

4 THE PUBLIC: I see. What  
5 would the concerns be of the legalization of marijuana  
6 since you have done such an in depth study and a  
7 comprehensive program, and being in an area that is  
8 second largest in Canada for drug research?

9 DR. McKINNEL: Consensus  
10 for the Task Force?

11 THE PUBLIC: Yes.

12 DR. McKINNEL: I think  
13 Father Leblanc has answered it as definitely as I.  
14 I suspect that among the youthful members of the Task  
15 Force, that it would be close to unanimous, if not  
16 unanimous for the legalization within the <sup>proportion.</sup> / But then,  
17 of course, some may be in disagreement as to conditions  
18 under which it should be legalized and so on, among  
19 some of the older members. I think really that it  
20 would go in the direction of some sort of legalization  
21 but I am less sure of the unanimity on that point.

22 THE PUBLIC: In your course,  
23 do you ever refer to any responsible Canadian that  
24 is in favour of legalizing marijuana at this time?

25 DR. McKINNEL: Well, in  
26 our course, you should also understand, we are now  
27 talking of "course" within the schools -- but you should  
28 also understand that it is not lecture oriented, and  
29 that it is going largely to be problem oriented, and  
30 so it would be up to the students under the direction



1 of teachers to get information of this sort. Of course,  
2 when they are looking at questions pertaining to  
3 legalization or otherwise, they would inform themselves  
4 of relevant research, and valid opinion.

5 THE PUBLIC: One last question:  
6 have you ever considered enforcement by local police as  
7 opposed to federal police, provincial legislation as  
8 opposed to federal legislation. Is that a factor at all  
9 when you make the analogy to the control of alcohol and  
10 drinking under age in a place other than your residence?

11 FATHER LEBLANC: If you are  
12 asking whether the Task Force has considered that, we  
13 have not.

14 THE PUBLIC: Thank you very  
15 much.

16 THE CHAIRMAN: Thank you.  
17 Another gentleman at the microphone?

18 THE PUBLIC: There is one  
19 observation which I think you have not come up with, is  
20 that pot became hard to get and they switched to  
21 chemicals and that when the pot came back the chemicals  
22 dropped down. Is that not correct?

23 MR. ROBINSON: To a certain  
24 extent there was a trend there, a tendency.

25 THE PUBLIC: So there would  
26 be a rejection of the chemical if marijuana is around?

27 MR. ROBINSON: For most  
28 people, yes.

29 THE CHAIRMAN: Right. Is  
30 there anyone else who has something to add at this point?



If not I will declare this hearing adjourned until 2:30 in this room, and I just wonder if we could--would it be convenient for you to return this afternoon, because there are other members of the Commission who would like to ask question. We would be much obliged to you, if you could do that. Thank you. And Doctor, thank you very much for your assistance.

---Upon adjourning at 1:05 p.m.

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1 --- Upon resuming at 2:30 p.m.

2 THE CHAIRMAN: I call the hearing to  
3 order now. For the benefit of those who were not  
4 present this morning, we are continuing to hear from  
5 Father Philip LeBlanc, Chairman of the Peel County  
6 Task Force on Drugs, who is at the right at this  
7 table, that is, to the right of our table; Mr. John  
8 Robinson on Father LeBlanc's right; and Mr. Greg  
9 Sumner on Mr. Robinson's right. They are students  
10 at Lorne Park Secondary School, and have contributed  
11 to the development of the brief which was submitted  
12 to us this morning on behalf of the Peel County  
13 Task Force on Drugs. And we asked them if they would  
14 be good enough to return this afternoon to give us  
15 an opportunity for further discussion with them.

16 Dr. Ashton McKinnell, head of the  
17 Psychological Services of the Peel County Board of  
18 Education, who also formed a part of the  
19 group making the submission this morning, was, for  
20 professional reasons, unable to return this afternoon.

21 So, I now invite any members of the  
22 Commission and others present here to make any  
23 observations or questions they would like, with  
24 respect to this submission that was made this morning.

25 MR. STEIN: I would like to ask -- if  
26 you could tell us about the nature of your relation-  
27 ships between the Task Force and the law enforcement  
28 representatives in this part of Ontario. Do you  
29 have representation from law enforcement on the Task  
30 Force?



1 FATHER LeBLANC: Yes, the Deputy Police  
2 Chief for Mississauga has been a member of our Task  
3 Force and we have worked with officers-detectives  
4 who are working in the drug scene, who have reported  
5 to us regularly, and what we have done, we found at  
6 the outset that the people from RAP and Day-Glow were  
7 having some problems with the law enforcement officers  
8 in the sense that the law enforcement did not know  
9 exactly what they were doing, so we were able to open  
10 channels of communication between their groups and the  
11 police. And in that sense, we have very good co-  
12 operation.

13 MR. STEIN: That was going to be my  
14 follow-up question. What are the present relationships  
15 between law enforcement and these two services? You  
16 more or less answered it, they are reasonably open now,  
17 in communication?

18 FATHER LeBLANC: Yes, very much so.  
19 For example, they wouldn't hassle someone from Day-Glow  
20 or RAP wouldn't bother anyone because that person is  
21 established in dealing with someone on drugs, and they  
22 would not go to their centres to search for drugs or  
23 anything. They know that this is a legitimate organ-  
24 ization and they would deal through their board or  
25 through other people.

26 THE CHAIRMAN: As I understand it, the  
27 Task Force is meant to be the chief agency of community  
28 coordination, and resource in this field; is that the  
29 idea, that it should be coordinating agency of the  
30 community as a whole?

FATHER LeBLANC: The Task Force itself





1 is a sub-committee of the Social Planning Division  
2 and its function is to promote education, to co-  
3 ordinate the efforts that are being done in Peel  
4 County concerning drugs, and to ---

5 THE CHAIRMAN: Social Planning Division  
6 of the Peel Community Services?

7 FATHER LeBLANC: Right.

8 THE CHAIRMAN: But it says here the  
9 Task Force was appointed by the Division?

10 FATHER LeBLANC: That's right.

11 THE CHAIRMAN: That is, following  
12 meetings with people in the community. Was an attempt  
13 to develop a representative membership on the Task  
14 Force that would, sort of, represent the community  
15 and all the interested institutions in the community?

16 FATHER LeBLANC: Very much so. The idea  
17 when we appointed the Task Force was to have people  
18 who were in decision-making positions, therefore,  
19 who could themselves, either in education or police  
20 department, or in other fields, were in levels where  
21 they could make decisions when it was necessary, but  
22 that also/there be an equal number of students or young  
23 people. This was the composition of the Task Force  
24 at the outset. So, we do have people who can go  
25 back to their institutions and agencies and make  
26 decisions and who also, I would say, as part of the  
27 Task Force themselves, became very aware of what  
28 was happening, which they would have not done in any  
29 other way.

30 But, it is a co-ordinating body which



1 promotes a number of things; an educational body  
2 also.

3 THE CHAIRMAN: It has achieved community  
4 acceptance, you feel, as a representative body?

5 FATHER LeBLANC: Very much so, as part  
6 of the Social Planning Division.

7 THE CHAIRMAN: How were the young  
8 people chosen for this?

9 FATHER LeBLANC: They were chosen among  
10 those who attended that initial meeting where 150  
11 people attended, and these in turn were chosen by  
12 the principals, and we went out into the community  
13 to find other people. The people from RAP and Day-  
14 Glow make up about 20 people and are closely connected  
15 with the drug community. So we have a variety of  
16 people; students, and people working in the drug  
17 community.

18 MR. STEIN: Is the Crisis Intervention  
19 aspect of your program at all receptive to, or  
20 interested in responding to the older members of the  
21 community who may be experiencing drug difficulties  
22 from other kinds of drugs, other than the ones we  
23 have been talking about, for example, tranquillizers,  
24 barbiturates?

25 FATHER LeBLANC: By older members you  
26 mean people ---

27 MR. STEIN: I mean whatever you want  
28 to mean by that. I didn't want to put a chronological  
29 age on it.

30 FATHER LeBLANC: I think the function



1 of Day-Glow and RAP and their usefulness is --  
2 comes from the fact that they are closely related  
3 to the youth community, therefore, this is where  
4 they function best. And the only work they would  
5 do in the total community is education, community  
6 education, but I don't think that they would be  
7 involved in what you are saying.

8 MR. STEIN: Does your Task Force address  
9 itself, or is it concerned with the problems connected  
10 with the use of the other pills, and various other  
11 drugs?

12 FATHER LeBLANC: Not directly. We have  
13 been more closely concerned with the drug use among  
14 young people, and this is what we have stressed and  
15 that has been our concern.

16 THE CHAIRMAN: Yes. Dr. Lehmann?

17 DR. LEHMANN: I should like to go back  
18 to some of the statements of the younger members of  
19 your group, Mr. Sumner, and Mr. Robinson, about the  
20 attitude the younger generation has towards drugs.  
21 Now, I understand that you have something like a  
22 hierarchy of acceptability with marijuana at the  
23 top, and then, is it right, then would come LSD and  
24 then would come speed, amphetamines; and at the  
25 bottom would be heroin and alcohol, somewhere in  
26 between? Would that be about right?

27 MR. ROBINSON: You mean amountwise?  
28 Like the acid -- acceptancewise, the majority of  
29 people, I think, reject chemical -- like acid and  
30 speed. It is more or less splinter groups ---





1 DR. LEHMANN: And heroin?

2 MR. ROBINSON: And heroin also.

3 DR. LEHMANN: Why would you say that  
4 these three drugs are being objected to?

5 MR. ROBINSON: I think most people  
6 resent the implications of using those types of drugs.  
7 They are too escapist; they are too radical a change;  
8 an alteration, whereas grass and hash are a much  
9 milder form, and it is not necessarily an escape for  
10 people who use those.

11 DR. LEHMANN: On the grounds that the  
12 alteration is not as violent, the alteration of the  
13 mood, of the mind?

14 MR. ROBINSON: It is the same idea  
15 of people who drink socially reject alcohol -- an  
16 alcoholic, rather. I don't know if that is ---

17 DR. LEHMANN: The intensity of distur-  
18 bance.

19 MR. ROBINSON: And, you see, like, an  
20 alcoholic is defined as a person where alcohol  
21 disrupts his lifestyle, disrupts his family, his  
22 job, and I think that the harder drugs tend to  
23 disrupt that same lifestyle.

24 DR. LEHMANN: Would you also consider  
25 the harm done to health or to society, or do you  
26 base your acceptance only on how much of a change  
27 in a person's mind is being done?

28 MR. ROBINSON: I think what I object  
29 to, mostly, is the change in the human beings that  
30 use these drugs; not their anti-social behaviour,



1 more or less the fact that they opt out of society,  
2 and they are a problem that then has to be dealt  
3 with.

4 DR. LEHMANN: Well, would you not  
5 think that the physical dependence of heroin, some  
6 sort of enslavement, is something to be objected to  
7 even if the personality is as such, otherwise is not  
8 very much changed?

9 MR. ROBINSON: I would object to that  
10 very much.

11 DR. LEHMANN: So that would be a major ---

12 MR. ROBINSON: Yes.

13 THE CHAIRMAN: Have you given any  
14 thought to the possibility that marijuana used by  
15 young people will be, let's say, even before the age --  
16 before adolescence, may, in fact -- might have an  
17 effect on their personality? Have you given any  
18 thought to that possibility?

19 MR. ROBINSON: We have given thought  
20 to that and that is my primary objection to marijuana,  
21 as I see it. I see kids in grade six, seven and  
22 eight, at a time in their life -- like, they haven't  
23 even reached puberty yet, or are just reaching it,  
24 and they are forming their work habits -- they aren't  
25 a whole being in the sense that an eighteen year old  
26 would be, and I do object to marijuana use because  
27 I feel that they aren't qualified to decide how  
28 much they should use, or for what time; that the  
29 formation of the whole human being, or a much greater  
30 part of the human being should come. So I do object





1 to marijuana being used at that age level.

2 THE CHAIRMAN: Right. Well, what do  
3 you feel is the way to cope with this? What is  
4 the responsibility of government to attempt to  
5 minimize the use of the substance like that by young  
6 people at that age? I mean, what is the most effective  
7 social way to meet that objective?

8 MR. SUMNER: Possibly, age limit. Like,  
9 with the Brewers Retail, and Liquor Control Board  
10 where they have an age limit, possibly that, maybe  
11 Marijuana Control Board, or something like that, and  
12 have an age limit. But there is still going to be  
13 the, you know, is this kid at fourteen, is he as  
14 mature as this other child at fourteen? You are  
15 going to have trouble with maturity at that age,  
16 you know, the age limit where it is restricted.

17 MR. ROBINSON: Also, at this time,  
18 they do their own form of dope, like solvent sniffing,  
19 that hasn't hit the news as much lately, but it is  
20 still prevalent. You know, for thirty-nine cents  
21 they can buy a bottle of nail polish remover that  
22 will, you know, knock them out of their heads. And  
23 it is done, and it is still fairly popular among  
24 kids, younger kids. So what control has been done  
25 to that? It is a hard answer.

26 THE CHAIRMAN: Hard question.

27 MR. ROBINSON: Yes.

28 THE CHAIRMAN: All right. Putting the  
29 law aside for the moment, and putting the matter in  
30 which government might try to restrict availability



1     aside for the moment, how would you, in terms of  
2     education and peer group influence, how would you  
3     try to go about assuring, as far as possible, that  
4     young people below a certain age should not be  
5     exposed to this -- to these adverse effects? How  
6     do you cope with that, in terms of influence?

7                     MR. SUMNER: I agree that peer group  
8     influence has got a lot to do with it, and like, if  
9     your best friend is exposed to it, has had drugs,  
10    well, you know, he is going to pass the influence on  
11    to you; and possibly education that the students  
12    will or that the children will accept, not just  
13    thrown on top of them, but group discussions, and  
14    having discussions in their own way, and having  
15    education, instead of having it thrown on your  
16    shoulders and saying, "Take facts".

17                    MR. ROBINSON: You have to look at -- the  
18    age limit of drinking is twenty-one, and how effective  
19    has that been? From eighteen on and even -- well,  
20    younger, quite younger, isn't really that effective.  
21    They can still get it if they want it, from their  
22    friends or from their local bootlegger, and this is where,  
23    again, that group that have done drugs and have, sort  
24    of, come through, the other side comes into being.  
25    You have to get them into the classroom, they are  
26    older and so they are in a position where the kids  
27    will listen to them.

28                    THE CHAIRMAN: Well, will the young  
29    kids -- we seem to be assuming here that there is  
30    a group of kids that are (inaudible) and we don't feel





1 should be exposed to the use of marijuana. Will  
2 they listen to older people, or will they -- telling  
3 them that they are too young, and it may affect  
4 their personality development, and work habits, and  
5 so on, will they react or are they likely to act  
6 in the same way people who are older react when  
7 they are told by an adult generation that they should  
8 not use drugs? I mean, the generation is there.  
9 Do you think the older people, sixteen and so on,  
10 are going to have influence with the younger ones?

11 MR. ROBINSON: I think that they have,  
12 sort of, grabbed the reins of communication, in the  
13 lead -- both the younger group and the older group  
14 look to that group as, sort of, leaders in a lot of  
15 ways.

16 Now, the fashion styles, nowadays  
17 a lot of the old people follow the fashion styles  
18 of the younger people, and so, I think, that although  
19 you would have the same problem, as you have pointed  
20 out, I think they would certainly listen to that  
21 group and certainly more than to the older group.

22 FATHER LeBLANC: The experience of  
23 Day-Glow and RAP has been that they could not only  
24 communicate to people of eighteen, nineteen and  
25 twenty, but also to the <sup>younger</sup> people, and when they  
26 <sup>and had reasons</sup> changed their lifestyles, /to do so, and convey these  
27 ideas to the younger people, they were better able  
28 to do it, because they did have some influence.

29 THE CHAIRMAN: Well then, how could  
30 young adults, that we are talking about, like yourselves,





1 how could they be involved in the educational program  
2 effectively? Could they be effectively involved in a  
3 formal education process, drug education in school, do  
4 you think?

5 MR. SUMNER: Well, John and I, ourselves,  
6 both us have been involved in parent education groups,  
7 and they have a public speaker in these parent courses,  
8 and then they break off into smaller groups, and you  
9 could have a friend, a young person, tell the parents  
10 how it really is, so that they can find out how it  
11 really is.

12 THE CHAIRMAN: That is in education of  
13 the parents?

14 MR. SUMNER: Right.

15 THE CHAIRMAN: What about in the class-  
16 rooms?

17 MR. SUMNER: RAP and Day-Glow are doing  
18 something for the classrooms--they are getting--I don't  
19 know exactly about what their courses are in the school,  
20 but it is on an in-journal basis.

21 FATHER LeBLANC: One of the things that  
22 Dr. McKinnell failed to mention this morning, is that  
23 this course would be given in school in cooperation with  
24 teachers and students, and people from both sides,  
25 probably, the first time in the history of the Peel  
26 Board of Education, that they have asked the students  
27 to be involved. A number of teachers are saying, "We  
28 really can't teach this, we can't get involved in drug  
29 education, because the kids know more than we do". So  
30 they have been pressured into doing this.



1                   Now, this, you know, probably would  
2 be very successful because it would be done with  
3 the students and by the students. So, this is being  
4 done. I think that Dr. McKinnell mentioned it this  
5 morning.

6                   MR. ROBINSON: One mistake also, that  
7 shouldn't be made, is you should have an opening night  
8 where the parents are acquainted and are told what  
9 these students will be doing, and they will know  
10 on a personal basis, so that Billy doesn't come  
11 home and tell him about this long-haired weirdo  
12 that was telling him all these things in grade  
13 school. They would go right up the wall. They should  
14 know who he is and what he is doing and know that  
15 he is there, and that the School Board knows about  
16 it, and start with a real, open communication to  
17 prevent further problems.

18                  MR. CAMPBELL: I realize that this  
19 question is going to demand an over-generalization  
20 by way of answer, but you spoke of the use of  
21 solvents by some people, and of the use of chemicals  
22 at high schools, and cannabis, more exclusively  
23 in the higher grades. I wonder if you would like  
24 to say something about the differences in motivation  
25 of these various levels, motivational patterns to  
26 drug use? Are there generalizations you can make  
27 here?

28                  MR. ROBINSON: I think they are all  
29 part and parcel of the modern pressure that comes  
30 through the parents to the kids. At the different





1 age groups it is different pressures. For the kid  
2 in grade nine, it is solvents and breaking into  
3 high school, and it could be his home life, and for  
4 the person in grade nine and ten, who tries chemicals  
5 it is often curiosity, he is trying to find himself.  
6 For the older kids, the pressure has dissipated to  
7 a certain extent. They know their own mind a little  
8 bit more, and they know about it, and maybe they  
9 have tried it, but at all levels there is a certain  
10 pressure there, generally. There is drug usage at  
11 all levels, so there is a certain underlying moti-  
12 vation that stimulates all age groups.

13 MR. CAMPBELL: Mr. Sumner, would you  
14 agree with this submission?

15 MR. SUMNER: Yes, it is mostly due to  
16 change, and I have heard that chemicals have got  
17 down to the younger grades, so it is possible to take  
18 in all ages. And an older person, say, sixteen or so,  
19 he is <sup>mature</sup> enough to accept the fact that -- well, this  
20 is a general statement -- but he is mature enough to  
21 accept that using glue, such a primitive method, is  
22 detrimental.

23 THE CHAIRMAN: What is this pressure?  
24 Could you tell us a little bit more about the pressure?

25 MR. SUMNER: Well, the pressure of  
26 school, hassles at home, ---

27 MR. ROBINSON: I think it is also  
28 indirection in a lot of the goals that were at one  
29 time so concrete and something to work towards,  
30 something that gave them security, something that



1 gave them a thing to hang their hopes on. Now it  
2 is the question of getting the job, making the money,  
3 it is a very well-known hassle. At this time it has  
4 been talked about very much, but I think it is still  
5 valid, and they aren't sure where they want to go,  
6 and they aren't sure if that's what they want;  
7 they aren't sure that they want a nice job with lots  
8 of money. They aren't really sure, and so the fact  
9 that they are not as <sup>secure</sup> in the knowledge of where  
10 they are going, this applies a lot of pressure --this  
11 "up in the air" sort of attitude.

12 THE CHAIRMAN: What do you think has  
13 produced that uncertainty about the questioning  
14 of goals? What do you attribute that to?

15 MR. ROBINSON: I think it is the change  
16 in structure in society. There are things like the  
17 family unit, and things as basic as that, that are  
18 being questioned. Man's whole social structure is  
19 being questioned. Is it becoming obsolete, whether  
20 we can work in a technological age, can the race  
21 survive? This is the sort of pressure.

22 Everyone raises questions about things  
23 that used to be so basic. Chicago Seven, that old  
24 thing, it was grabbed onto by a lot of people, where-  
25 as fifty years ago, I think nobody would have found  
26 any validity in what those people were saying,  
27 questioning the Supreme Court, and the basis of  
28 the legal system, and a lot of people saw something  
29 in that. And they could criticize what was in that.  
30 So this is the sort of thing ---



1 DR. LEHMANN: Then, how is it related  
2 to drugs?

3 MR. ROBINSON: Because of the mass of  
4 younger people, they do not have the answers them-  
5 selves. Often they have just the energy of doubt, the  
6 energy of not knowing where they are going, without  
7 the positive side of training for formulation. They  
8 have the questions, without the answers.

9 DR. LEHMANN: So they are going out of  
10 desperation, into drugs?

11 MR. ROBINSON: Well, it is a seeking.  
12 Perhaps it does not seem like a constructive seeking  
13 at this point, but they could regard it as a more  
14 constructive seeking to get stoned and sit around and  
15 talk about life, and have a party and have a good time.

16 THE CHAIRMAN: There have always been  
17 problems and there has been a awareness of them. Do  
18 you think the problem is that they have a greater  
19 awareness, because of communications, it is partly  
20 that?

21 MR. ROBINSON: There is certainly a  
22 greater awareness. There probably is, also more  
23 reason for it. Some people take the view that  
24 there have always been problems, there have always  
25 been sex, there has always been drinking. Why now, they  
26 are just namby-pamby--the affluent society. The  
27 kids have nothing to do so they are looking for  
28 ways out.

29

30





MR. ROBINSON: But where did they find their own solution? Like, my parents and so on, they found security in work. And I think the pendulum swung the other way. This is probably why. They worked so darned hard for the kids that they don't want to see them work that hard. They don't want to see us have that pressure. They have worked so hard building what they have now that they want the kids to have it easier, and the kids, there is a reaction to the old positive attitude, because they have always had these things, and there is nothing that absolute in that. And the pendulum does swing.

MR. STEIN: Is there not something similar with the preoccupation with regard to material goods, perhaps not in terms of expensive material goods, but I am always struck by the observation that there is no preoccupation of material goods on the part of young people, and yet in some groups there is certainly a very clear concern about what is moddish, what is the latest clothing style, and so forth. And in other groups, perhaps there is not the same affluence; there still is a preoccupation with having the appropriate form of costume -- material goods is, perhaps, stretching it a bit, but with the



1 effect, the outer man rather than the inner man.

2 Isn't it still this -- it is not to Cadillacs, it  
3 is six strings of beads now.

4 MR. ROBINSON: Well, there always has  
5 been, individuals have always wanted to stand out,  
6 they always have, and there is sort of a "herd"  
7 instinct. But it so happens that the herd instinct,  
8 at least, in its direction, is right and different  
9 now than it was. If they wear six varieties of beads,  
10 they are wearing them to show something, that maybe  
11 those beads have become a symbol of something, and  
12 in their way, that is their gesture. It is something  
13 that articulates for them what they are trying to  
14 say, even though it is a standard symbol. It still  
15 says it for them.

16 DR. LEHMANN: So does a Cadillac for  
17 another generation.

18 MR. ROBINSON: Right.

19 THE CHAIRMAN: Would you say there is  
20 a growing -- I don't want to put words in your mouth --  
21 but a consciousness of responsibility on the part  
22 of the style-setters, the part of the leaders, the  
23 opinion formers, as a peer group? This is a very  
24 important -- we are trying to fix responsibility with  
25 relation to this phenomenon. What is the role of law  
26 and what should be done, on the whole, and what  
27 should teachers do? Is there developing, in your  
28 generation, a sense of potential influence in the  
29 style-setters, that would have a relation to this,  
30 in some developing of responsibility?





1 MR. ROBINSON: Do they feel conscious  
2 of it?

3 THE CHAIRMAN: Yes. Is that emerging  
4 in any sense--a kind of self-consciousness?

5 MR. ROBINSON: I think the people that  
6 are ahead--there are some people who are living, like,  
7 in the 1980's now, they are ahead of the game. They  
8 are terribly conscious now because the answers are  
9 starting to become vital. Can we live in this environ-  
10 ment? Pollution. No man upset himself to that point  
11 before, like nuclear bombs, I don't think it is as big  
12 an effect right now as it once was. And they are  
13 saying things--on the answers depends, sort of, the  
14 future of the human race. So these people are very  
15 conscious, they feel a real push, a real desperation.  
16 It is not as lax as it once was. Things are really  
17 screwing up, you know. Like, you get the pollution  
18 index in Toronto now. Things actually, like, liveable  
19 things, like, whether we can survive, like, the individual,  
20 what is he becoming?

21 THE CHAIRMAN: Now I am speaking of the  
22 responsibility for the influence which one has on  
23 younger kids. We used to be told of the example--the  
24 example, you must be conscious of the example you set,  
25 like an older boy. You are being watched, you are  
26 being imitated. And that was the responsibility and  
27 the consciousness I was talking about, and it seems to  
28 be implicit on some of the things that can be attained  
29 from submission of the organization you are associated  
30 with. And I am just interested in whether this is becoming.



1     developing a sense pf responsibility?

2

3

4

---portion inaudible.

5

6

7

MR. ROBINSON: I know what you mean.

8

There is a responsibility there, certainly. Like,

9

I don't think you could throw out the old idea of

10

responsibility. Perhaps why this trend is coming

11

is because it is more of an individual decision now.

12

Like, when a person decides about whether he wants

13

to go over or not, he is deciding for himself,

14

and it isn't the consciousness of the people coming

15

up under him. He is worried about the world he is

16

heading to, but there isn't the consciousness of

17

the younger people in the example he is setting, it

18

is, sort of, almost the fashion to not worry about

19

what other people think, to not need the approval.

20

So, you do get a lot of semi-individual efforts.

21

FATHER LeBLANC: In answer to your

22

question, Mr. Chairman, one of the reasons why RAP

23

and Day-Glow were really set up was because when

24

some of the kids came back from summer vacation,

25

especially the students at Sheridan and

26

they saw that so many younger people were involved

27

in drugs, that they felt, well, somehow, an obligation

28

or responsibility to do something, and this is one

29

of the reasons these two groups were set up. So

30

the example given, that you are referring to, is now



1 | being lived out in another way. They feel an  
2 | obligation, not that they are responsible that these  
3 | kids are doing drugs, but they felt an obligation  
4 | to do something for these younger people. And I think  
5 | this -- maybe it is being lived out a different way,  
6 | that's all.

7 | THE CHAIRMAN: Are there any other  
8 | questions or comments for our ---

9 | Yes, could you get <sup>to</sup> the microphone?

10 | THE PUBLIC: You mentioned this morning  
11 | that anybody, like, an acid head or a speed freak  
12 | has a mental or psychological problem. I was wonder-  
13 | ing whether the psychological problem is a result of  
14 | taking the drugs or whether the drugs are a result  
15 | of the psychological problem? Do you have any views  
16 | on that?

17 | MR. SUMNER: I think before he takes  
18 | it, he is trying to find himself. By that way, he  
19 | is taking it more and more, and after continuous  
20 | trips he is trying to prove himself to himself that  
21 | he is somebody.

22 | THE PUBLIC: But, does the drug itself  
23 | cause the problem, or was the problem there before?

24 | MR. ROBINSON: I think it is a  
25 | heightening -- if a person has a problem, certainly  
26 | you could say a speed freak is probably more  
27 | screwed up than he was at the outset of doing speed,  
28 | but a person can try speed and he can even like it,  
29 | but he can reject it if he has the goods, if he has  
30 | the need to do it. If the person who does it and





1 finds out he doesn't have it, and who needs it  
2 and who needs the crutch all the time. And people  
3 who do continue to use it will get more screwed up.  
4 That's why he needs help. That's why you have to  
5 have half-way houses and people to help him. Because  
6 he is more and more screwed up every minute, and he  
7 is incapable of helping himself by that point.

8 THE PUBLIC: And this is why the drug  
9 problem now is more important, say, than the alcoholism  
10 problem was before, because of the increased techno-  
11 logy, and the number of people, and the fact that  
12 the drugs, you know, will screw up their mind more  
13 than the alcohol.

14 MR. ROBINSON: I don't know, I am not  
15 trying to relate it to alcohol, because alcoholism  
16 is still here, you know, AA is still here. It is  
17 just two different problems. There are parallels  
18 in, perhaps, personality problems; I'm not an expert,  
19 I couldn't say, but it is screwed up either way.

20 THE CHAIRMAN: Yes. Could you use the  
21 microphone, please?

22 THE PUBLIC: I am sure that we all  
23 appreciated your vivid description of the user of  
24 marijuana this morning. Thank you for it.

25 I wonder if, in speaking to primary  
26 school children, you would give such an enthusiastic  
27 endorsation of it? I also wonder if you can foresee  
28 the possibility of anyone taking marijuana and  
29 needing treatment. Speaking about half-way houses,  
30 and treatment; you are talking about acid heads;



1 speaking about the users of heroin, LSD and everything  
2 else, could you foresee the possibility of someone  
3 needing it simply because they had taken marijuana?

4 MR. SUMNER: The question about public  
5 school -- younger ---

6 THE CHAIRMAN: I wonder -- can everyone  
7 hear? Could you speak a little more closely to  
8 the microphone, Mr. Sumner, please? Thank you.

9 MR. SUMNER: Possibly the children  
10 who were in the public schools, and if we were to  
11 go into the public schools and give them the talk  
12 about marijuana and the user, and the effects, and  
13 whatnot, we wouldn't use scare tactics and things  
14 like that. They would probably raise questions,  
15 you know, we could use, maybe, factual information;  
16 we wouldn't say, "Don't use it", and we wouldn't  
17 say, "Do use it". We would try to stay middle-of-  
18 the-road.

19 MR. ROBINSON: I think that we would  
20 endorse to a certain extent, grass, as being an  
21 alternative, no less harmful than many -- that they  
22 would deal with. We would point out ---

23 THE CHAIRMAN: You said, no less  
24 harmful. Did you mean to say, no more harmful?

25 MR. ROBINSON: Well, no more than  
26 alcohol, right.

27 We would try to point out to them  
28 exactly why we felt that they, at that point, were  
29 not ready to deal with grass. This is grade school  
30 kids. But, I would endorse it. What I said I felt





1 was true. Like, that was my personal viewpoint  
2 of it. A good many people wouldn't get that out  
3 of it; some would get more out of it. But I  
4 wouldn't cut their chance to try it, to do it.  
5 In that sense, I would endorse it, if that was your  
6 question.

7 DR. LEHMANN: Would you teach it?  
8 Because it is a subjective view, as you just said.

9 MR. ROBINSON: What, have a course  
10 in marijuana, sort of?

11 DR. LEHMANN: Well, in providing  
12 education and information to younger children.  
13 Would you give your personal subjective experience,  
14 which is a very favourable one?

15 MR. SUMNER: I don't know whether they  
16 would be able to accept it, you know, younger --  
17 they wouldn't be able to figure it out that way.

18 MR. ROBINSON: I think that should be  
19 part of the whole trend. I think that that particular  
20 viewpoint of viewing life, of viewing human beings,  
21 is a necessary part of every person if we are to  
22 go somewhere. So, we are to see the human race  
23 dying at this point. But I'm not saying you should  
24 say, "Marijuana is good for this reason", you should  
25 say, "Everything is good for this reason", in  
26 every subject, and this is where the trend is going.  
27 It is to teach the person to think as an individual.

28 And like, in the sciences, the sciences  
29 should emphasize the environment, ecology, more of  
30 that, so that we can deal with the world that we live



1 in. And the same way in human terms, you should --  
2 grass would be one thing that you might point out,  
3 in using grass, how to use it, like, in what way  
4 you should look out at the world. The same in  
5 English; it is done in English now, but in any  
6 subject, not just constant focus on grass and say,  
7 "This is the way, this is the answer", because it  
8 is obviously not.

9 THE CHAIRMAN: Lady at the microphone?

10 THE PUBLIC: Thank you very much.

11 I have come in at what you might say, I guess, the  
12 tail end of this discussion, so maybe you have given  
13 the answer to the question I am about to ask.

14 I have been very interested in your  
15 remarks, and, are you basing them on personal  
16 experiences in the use of marijuana, and the use  
17 of grass, and speed?

18 MR. ROBINSON: It is based on personal  
19 experience, yes.

20 THE PUBLIC: Thank you very much.

21 THE CHAIRMAN: Yes, there is a lady at  
22 the microphone.

23 THE PUBLIC: I was wondering, going  
24 back to this morning, you said that in the summer  
25 grass would become very hard to get, so a lot of the  
26 students had gone to -- speed and crystal. Have you  
27 ever given the thought that maybe this summer -- which  
28 has already been stated, that "H" might be more  
29 available? That someone at the top is pulling the  
30 strings and making grass harder to get?



1 MR. ROBINSON: I think the people at  
2 the top would like to deal with chemicals. I was  
3 of that opinion myself, but I have absolutely no way  
4 of proving it. Like, if you mean, like, Mafia type  
5 organizations, they would rather deal in chemicals  
6 because it, like heroin, is much easier to deal with  
7 than grass would be, or even speed or acid because  
8 of the size of it and the amount it is worth per unit.  
9 But I have no way of knowing if someone is pulling the  
10 strings.

11 THE PUBLIC: When grass started to come  
12 back in, was it an abundance thing, or did just creep  
13 back in gradually?

14 MR. ROBINSON: It crept back in, it is  
15 almost in season--at certain periods grass is more  
16 common and in certain periods hash is more common. I  
17 think what stifled it at the beginning of the summer  
18 was the number of busts in the area, so the people who  
19 got it from the city out were put out of commission, and  
20 that is what slowed it down, the police action, because  
21 they were worried about the summer, and their solution  
22 was to bust some kids and get as many of the traffickers  
23 out of circulation. But then the chemical just came along

24 THE PUBLIC: Are you saying, then, the  
25 police were unaware of the chemical pushers?

26 MR. ROBINSON: I think they were aware  
27 of it. They were--I don't think they realized or,  
28 perhaps, they still wouldn't agree with the viewpoint  
29 that stopping the hash and grass flow increases the  
30 chemical flow.





1 THE PUBLIC: They are not aware of  
2 this?

3 MR. ROBINSON: I don't know whether  
4 they would agree with that viewpoint.

5 THE PUBLIC: I see. Thank you.

6 THE CHAIRMAN: There was a gentleman  
7 behind.

8 THE PUBLIC: I wasn't sure this morning  
9 if you had drunk or not on the weekends with your  
10 party with grass and everything, and I was wondering,  
11 which is better for a hangover, if you are smoking  
12 grass, do you have a hangover? I know the answer.  
13 How do you feel when you have been drinking, and  
14 which would you recommend?

15 And my second question -- well, I will  
16 forget the second.

17 MR. ROBINSON: I think as you have  
18 indicated, there is a slight down after doing dope,  
19 if you have done a lot of it, maybe the next morning.  
20 But, I think a hangover, physically, would feel  
21 worse. This is my opinion. It would depend on what  
22 quantity you had consumed in both cases.

23 THE PUBLIC: May I come back to my  
24 second question?

25 MR. ROBINSON: Yes, sir. Go ahead.

26 THE PUBLIC: A lot of young people  
27 drink because it is illegal, and a lot of people  
28 smoke grass because it is illegal. If the drinking  
29 age was brought down, there would be a lot more  
30 people quitting drinking because of that, and if



1 marijuana was made legal, would a lot more people  
2 quit smoking marijuana?

3 MR. ROBINSON: It is hard to answer  
4 that question, because that question has hung up  
5 the government of the country on whether they should  
6 lower the drinking age, for a great many of years,  
7 and they have looked at places -- European countries  
8 where kids drink from when they are small, wine, etc.,  
9 so it is a hard question to answer. But, I think  
10 if grass is made legal, that more people would have  
11 the opportunity to make the choice, you know. And  
12 I'm talking about older people too. I think quite  
13 a number of older people are hung up on the legality  
14 of it, and if it was made legal they would get an  
15 answer for themselves, and then, in that case, it  
16 would be a conscious decision whether they wanted  
17 to do grass ever, once, once in a blue moon, or  
18 whether they wanted to do it at all. So, you would  
19 have a narrowing of the group that use grass. You  
20 would have a selection.

21 THE CHAIRMAN: Yes, there is a lady;  
22 can you reach the microphone?

23 THE PUBLIC: I was just wondering, this  
24 morning you said we had old bugaboos about whether  
25 it was chemicals or drugs, dilating eyes. I wonder  
26 if you have some proof or something in your back-  
27 ground, because in speaking to optometrists they  
28 tell me that this sort of creates a problem when  
29 going in and having your eyes tested, and I was  
30 wondering how you are saying, you know, this isn't so?





1 MR. ROBINSON: From my personal  
2 experience, you can do dope and your pupils don't  
3 necessarily dilate. That is what I base that on,  
4 and I have talked to a good number of people.  
5 Your eyes do get red, but I don't know where the  
6 pupil dilation idea came from. I have read, like,  
7 factual reports on it that disagree with what you  
8 have been saying.

9 THE PUBLIC: Do you have some proof,  
10 this is what I am asking, because this is a bugaboo  
11 with me, this is what we are being told, and now  
12 we are being told, "Yes, this does happen", that  
13 optometrists are concerned even with people taking  
14 the pill. There is an effect on the eye, all these  
15 chemicals, and grass, do have an effect on your eyes.  
16 So, if you have proof otherwise from someone, I  
17 would appreciate it.

18 MR. ROBINSON: Maybe the doctor or  
19 one of the Commissioners -- I don't know, I couldn't  
20 absolutely state any proof at this point, or dis-  
21 agreement on this point.

22 THE PUBLIC: So, in other words, this  
23 could still be true?

24 MR. SUMNER: It could be.

25 THE PUBLIC: Really? Until proven?

26 MR. ROBINSON: I would have to see it  
27 to believe it. Like, I would have to have it proved  
28 to me.

29 THE PUBLIC: OK, fine.

30 THE CHAIRMAN: Yes? Lady at the micro-



1 phone?

2 THE PUBLIC: In comparing the effects  
3 of alcohol and grass, alcohol is a social relaxant,  
4 you still get the same effect a week later, and I was  
5 wondering, on grass, if gradually you find you don't  
6 get the same effect later, that you tend to turn  
7 to something stronger, or can you go on with a more or  
8 less mild and euphoric effect from grass that you  
9 were describing this morning, without actually having  
10 to turn to anything else?

11 MR. ROBINSON: You can get bored with  
12 grass in the same way that kids, when they get  
13 drunk the first couple of times, they soon get bored  
14 with it, initially. But, I don't think it necessarily--  
15 you look for something -- something harder. It  
16 depends on the individual whether they are looking  
17 for a better high. A lot of people are just content,  
18 that after you do grass for a period of time, you  
19 don't have to do it habitually, like, all the time,  
20 you don't need as much grass. And you get into the  
21 stoned mood more easily. You are more receptive  
22 to what it does to you. So, a lot of people are  
23 quite content to smoke a couple of marijuana cigar-  
24 ettes.

25 THE PUBLIC: What percentage would  
26 you say -- what percentage, roughly, to your knowl-  
27 edge, would be content to stay that way, and what  
28 percentage would go on to stronger stuff?

29 MR. ROBINSON: I couldn't give you  
30 a figure on that.



1 THE PUBLIC: Not even roughly, half,  
2 or ---

3 MR. ROBINSON: There are a great number  
4 of people satisfied with it.

5 THE CHAIRMAN: Yes. There is a lady  
6 at the microphone?

7 THE PUBLIC: A point of information here,  
8 when you drink alcohol, many people drink it and they  
9 don't ever want to get drunk, they just want a drink  
10 or two drinks. You were saying, "Get stoned on grass"--  
11 always, is this the idea in the first place, or does  
12 it happen like it does on alcohol?

13 MR. ROBINSON: That,  
14 sort of, gives the picture of stoned, sort of,  
15 stepping over the blind, and your hair maybe stands  
16 up on end, or something. Stoned can be, like I said  
17 before, one drink, like, three beer, like, six beer,  
18 it can be whatever you want it to be. You actually  
19 couldn't put yourself physically in the state --  
20 you couldn't do that with grass.

21 THE PUBLIC: You say you control the  
22 amount of stonishness you get?

23 MR. ROBINSON: You said some people  
24 enjoy just having one drink. I could say some people  
25 enjoy just having one joint. You don't always have  
26 to be stoned, like, right out of it.

27 THE PUBLIC: Thank you.

28 THE CHAIRMAN: Thank you.

29 There is a lady at the back. Can you  
30 reach the microphone?





1 THE PUBLIC: John, you lead us to  
2 believe that by smoking marijuana -- I'm sorry, I'm  
3 not phrasing this right. Before the summer started  
4 last year, you had an ample supply of marijuana  
5 and it ran out so a lot of the kids switched to the  
6 speed and the acid. Now, in your brief, you said  
7 that you feel that marijuana alone, and without  
8 anything else ever touched, is relatively harmless.  
9 And you also stated that kids who are on acid and  
10 speed are, in your terms, "screwed up to begin with."  
11 Well, do all of these kids who were taking marijuana  
12 and could no longer get it, did they suddenly become  
13 "screwed up"? What I really want to know is, in  
14 your opinion, if these kids that were taking mari-  
15 juana had not been able to get it in the first place,  
16 would they still have gone to acid and taken harder  
17 drugs?

18 MR. ROBINSON: I think that they would  
19 have had the same question in their mind about acid  
20 if they tried grass or if they hadn't, with the  
21 publicity it got. They would have had the same  
22 question in their mind. For those kids, it was just  
23 a matter of trying it for themselves once, which  
24 did not necessarily screw them up. You see, they  
25 could drop acid, or they could crank speed, and they  
26 would not be screwed up. They might never do it  
27 again.

28 I know one girl who tried speed when  
29 she was fourteen and she has never smoked grass and  
30 she has never done anything since. It just depends



1 on if the opportunity is available, it depends on  
2 what they have heard about it, and if they are the  
3 type of individual who would try anything once.

4 THE CHAIRMAN: Well, could I put the  
5 question that was put to you, in another way? From  
6 your observations, would it be true to say that  
7 people who use marijuana sometimes, to some extent,  
8 are more likely, than people who never take marijuana,  
9 to use other drugs? Are people who use marijuana  
10 more likely to use one or more other drugs than  
11 people who do not use marijuana? I think that is  
12 another way of putting the same question, if I am  
13 not mistaken.

14 MR. ROBINSON: I think the only break-  
15 down in inhibition -- you are sort of saying, "Does  
16 it break the ice for them? By smoking grass do  
17 they break this mystique around dope?" And does that  
18 then say to them, "Well, I can try acid if I  
19 want to." I think that mystique has been broken  
20 without trying grass. A good number of people who  
21 had never tried grass, to them that mystique has  
22 already been broken because their old boyfriend,  
23 or the guy next door, or the 85%<sup>student</sup> in the school, they  
24 find out he has done grass. Or the football players.  
25 There is nothing worse to a kid, when he thought  
26 that dope was always so bad, and then he found that  
27 an "A" student who is on the football team, tries  
28 dope, or does dope on the weekend. That is how  
29 the mystique is broken.

30 DR. LEHMANN: Well, let me phrase it





1 still another way. Is it possible that people who  
2 have started on drugs, and then after they have done  
3 this for a while, as you put it this morning, now  
4 know that they have a means of arbitrarily changing  
5 their mood, of making it better; is it possible that  
6 after they have done this for a while, a new need  
7 is created that was not there before? I'm not  
8 referring here to a physical dependency or addiction  
9 or even a psychological dependence on the drug, but  
10 simply the need of having something that can arbi-  
11 trarily change your mood. They did not have this  
12 need before, but only after they had smoked grass  
13 for a while, and that when grass is no longer  
14 available, they would have to look for something  
15 else that might do it. But had they not created  
16 this need in themselves ---

17 MR. ROBINSON: You see, it is nice  
18 only along with a bunch of other beautiful things.  
19 It is not like, they reach a conclusion in their  
20 mind that the only beautiful things in life -- like,  
21 being stoned, is so much different from everything  
22 else, that in order to get in that mood they have  
23 to be stoned. They were stoned many times before  
24 they ever did marijuana, and there are some inhibited  
25 people who try grass a couple of times who can get  
26 in that mood on nothing, absolutely nothing, afterwards,  
27 maybe because they were inhibited for a period of their  
28 life and they found that expression. There are some  
29 people who were born stoned. There is a difference,  
30 but there are many parallels to it. There are many



1 things that are as beautiful as being stoned.

2 DR. LEHMANN: But it is much easier  
3 if you have a drug that will do it for you and your  
4 mind. Wouldn't it be a minority of people who could  
5 learn to become this way without the drug?

6 MR. ROBINSON: The same people can get  
7 it other ways, though, and get it in other ways all  
8 the time -- driving a bike, a girlfriend, or a thousand  
9 different things can be as nice. Canoeing on the lake  
10 under a full moon can be as nice as being stoned  
11 and it is. Whether they are sensitive or not, they  
12 will still get, in their own way, their beauty out  
13 of life. If beauty to them is working on the car  
14 all day Saturday, then that is what they will do.  
15 Some people are more receptive to grass. Some people  
16 think that is more in line with what they take out  
17 of life.

18 THE CHAIRMAN: Lady at the microphone?

19 THE PUBLIC: If I may ask a question,  
20 and if you answer it truthfully, maybe I will give  
21 you a lot of free publicity, seeing as there are a  
22 lot of young people here who might want to know this  
23 answer. Whether you will tell me the answer truth-  
24 fully or not, I would like to know. Are you a pusher?

25 MR. ROBINSON: I'm sorry, ma'am, the  
26 reason I am laughing is because, that is exactly --  
27 the pusher is a friend who lays some smoke on you  
28 some time, and you come over to his place, and it used  
29 to be, "Is there any beer around the house? Have  
30 you got any grass?" You run into some. Everyone



1 pushes. Everyone who ever smoked dope has pushed  
2 it at some time, which means simply that they have  
3 sold it to a friend or they have sold it to someone.  
4 I have sold dope to people -- maybe three dimes in  
5 my lifetime, but that doesn't make me a pusher any  
6 more than it makes -- there are some people who deal  
7 a little more dope. They go to a city and they cop  
8 a larger amount, but they just hand it out in bigger  
9 packages, so it goes down the line. You can't make  
10 money on grass and hash very well. It is almost  
11 impossible.

12 THE PUBLIC: Well, that is a little  
13 bit different. Maybe when the time comes for our  
14 brief, you will give us an answer which is not  
15 entirely the same thing. But, when I look at you  
16 and see you here, I think, "What a smart, intelligent  
17 young man", and I think there are so many more  
18 worthwhile things in this world to push for than  
19 marijuana. I wish you would just take up on that.

20 MR. ROBINSON: I wasn't pushing for  
21 marijuana, ma'am. I was pushing for better communi-  
22 cation and understanding between people. As I see  
23 it, drugs are a chance. You see, parents never had  
24 to -- I see parents coming out to these drug  
25 education courses that never communicated with their  
26 children and they thought they had, and they thought,  
27 "My son would never do dope", and when they found  
28 out that he did, and they were faced with that  
29 realization, they then had to say to themselves,  
30 "I am not really communicating."





1                   And, I'm not in this dope thing because  
2                   I enjoy doing it all the time. I'm not pushing for  
3                   marijuana because I think it's the greatest. I am  
4                   pushing for marijuana because I think that what kills  
5                   marijuana now is a lack of understanding, a lack of  
6                   communication. That is what troubles me in society  
7                   now.

8                   THE PUBLIC: Don't you think, though,  
9                   that you have so many other things that you have to  
10                  spend money on? I was wondering where the young  
11                  people get the money for this expensive hobby, if  
12                  you want to call it that?

13                  MR. SUMNER: Well, it all depends on  
14                  where you are. If the boy has a paper route, he  
15                  gets his money from papers. A lot of times he doesn't  
16                  even have to buy his own stuff, he can smoke other  
17                  kids'.

18                  THE PUBLIC: Well, he has to buy it.

19                  MR. SUMNER: Well, maybe he is the one  
20                  who is working.

21                  THE CHAIRMAN: Excuse me, there is a  
22                  lady at the microphone. I was wondering if I should  
23                  not, perhaps, call upon the next scheduled submission.  
24                  We have kept you very long, and obviously, we could  
25                  go on for our mutual profit for a long time, but I  
26                  think that The Provincial Council of Women of Ontario,  
27                  Mrs. Armstrong was scheduled to make her submission  
28                  some time ago, and I think, perhaps, I should call  
29                  them now. And, thank you, very much, Father LeBlanc,  
30                  and gentlemen, for your assistance today.



1 I call now on Mrs. Armstrong of The  
2 Provincial Council of Women of Ontario.

3 There was a lady who came to the  
4 microphone, and I did not mean to cut you off.

5 THE PUBLIC: Well, it is all right.  
6 Perhaps, I will speak later.

7 THE CHAIRMAN: Mrs. Armstrong?

8 MRS. ARMSTRONG: Yes, Mr. Chairman,  
9 I, first of all, wish to thank you and the members  
10 of the Commission for having us here today. This  
11 is the last day of our annual convention being held  
12 here in Hamilton, and we apologize for only having  
13 the briefs for you today. We had hoped to have them  
14 prior to this and bring the opinions of the seventeen  
15 local councils meeting here, and it necessitated  
16 (portion inaudible).

17 The Provincial Council of Women have  
18 sought opinions on the question before us today.

19 It is now our pleasure to submit our  
20 findings. We believe it is of great advantage and  
21 indeed vital, for government to be aware of the up-  
22 to-date thinking of women in this changing world,  
23 and we trust that this submission will be a valuable  
24 addition to the body of material now being compiled,  
25 upon which your recommendations will be based.

26 Our organization is a federation of  
27 groups comprising seventeen Local Councils of Women  
28 throughout Ontario, and sixteen Provincial Organized  
29 Societies. I might say here that the totality of  
30 the organizations within the Provincial Council of Women would





1 number approximately 100,000 in Ontario.

2 We are non-political, non-sectarian,  
3 and work to conserve the highest good of the family  
4 and the State and to further the application of the  
5 Golden Rule to society, custom and law.

6 The findings coming from Federated  
7 Societies indicate a growing concern over the increase  
8 as indicated in the federal figures released by the  
9 federal Health Minister and we quote, "convictions  
10 for narcotics offences climbed to 3,338 from 1,779,  
11 a year earlier." They have been doubling or more  
12 than doubling since 1966. Eighty-eight per cent  
13 involved marijuana; 77 per cent involved narcotics  
14 possession and nearly 16 per cent, trafficking in  
15 drugs. Besides convictions, 1,349 narcotics cases  
16 were disposed of without convictions, mainly through  
17 the charges being withdrawn or dismissed. Age and  
18 sex breakdown of the statistics of persons convicted  
19 showed that the bulk of offenders were under age 25 --  
20 with nearly 15 per cent of them boys, and 24 per cent  
21 girls under 18. Taking the 2,964 convictions in-  
22 volving marijuana, 78 per cent of the charges were for  
23 possession of the drug, followed by 15 per cent for  
24 trafficking, and less than 7 for possession for  
25 trafficking.

26 The foregoing shows the lowering of  
27 age group users, which is indeed of deep concern for  
28 us as mothers and interested women in our society.  
29 Under the present federal legislation, if convicted,  
30 the user carries a criminal record. We know, gentle-



1 men, that you are cognizant of the result of such a  
2 criminal record.

3           The growing incidence of the non-medical  
4 use of drugs and its effect on the physical and  
5 mental health of the individual and society as a  
6 whole, is very alarming. We note, with approval,  
7 those municipalities who presently are undertaking  
8 action programs in this field. We would further  
9 suggest that government moneys be made available to  
10 municipalities for the implementation for research  
11 and rehabilitation work. We would note here, more  
12 half-way houses with, first of all, an open door  
13 to a listening room, and then a room for therapy.  
14 We would recommend that in major centres, where  
15 drug use has a significant incidence, that laboratory  
16 facilities should be available for analysis of drug  
17 samples, at the time the sample is submitted.  
18 Facilities, at the present time, are not sufficient  
19 for the medical profession to obtain the results of  
20 analysis, at the time needed for the treatment of  
21 the addict. The prevalent use of additives makes  
22 this essential.

23           In our introduction to you we made the  
24 statement, "to conserve the highest good of the  
25 family and the State and to further the application  
26 of the Golden Rule to society, custom and law". To  
27 legalize the use and sale of marijuana would, in our  
28 opinion, not improve conditions.

29           We thank you for the time allowed to  
30 present these facts and we trust that these findings



1 will be of interest to the Commission members in  
2 their endeavour to make:

3 1. Provision for treatment prevention  
4 and rehabilitation of the drug offender;

5 2. Some deterrent alternative to the  
6 present law which brings the offender "in possession"  
7 under The Criminal Code;

8 I might suggest a totally separate  
9 Act, a Narcotics Control Act, or an Experimenters  
10 Act as is presently in use in England, in which the  
11 first offender has no criminal record.

12 3. Enforcement of laws controlling traffick-  
13 ing in drugs more effective;

14 4. That government moneys be made available  
15 to municipalities for implementation for research  
16 and rehabilitation work.

17 5. Available analysis laboratory facilities.

18 Respectfully submitted, Mrs. G. B.  
19 Armstrong, on behalf of The Provincial Council of  
20 Women of Ontario.

21 May I introduce members of the delegation  
22 who are here with me today, and if you would like  
23 to ask some questions of them. Mrs. G. G. Henderson,  
24 our Past President, from Hamilton; Mrs. (W. A.) Riddell  
25 from Toronto; <sup>Mrs.</sup> Syliva Steadman from the City of Ottawa;  
26 and Mrs. William Marshall of the City of Ottawa.

27 THE CHAIRMAN: Thank you very much,  
28 Mrs. Armstrong.

29 Could you tell us how this brief was  
30 developed, on behalf of the Council?





1 MRS. ARMSTRONG: Mr. Chairman, I wouldn't  
2 call it a brief because it hasn't been researched  
3 insofar as statistics should be made available to you.  
4 It is a collation of findings, I would say, as ex-  
5 pressed at the convention, by the councils and the  
6 federated societies.

7 THE CHAIRMAN: These views were expressed  
8 at the convention?

9 MRS. ARMSTRONG: Yes.

10 THE CHAIRMAN: Is that your annual  
11 convention?

12 MRS. ARMSTRONG: Yes, this is our annual  
13 convention, and I might say, as well as being expressed  
14 at this convention, through this past year there has  
15 been very deep concern registered over and over again  
16 as incidences have appeared in the various cities in  
17 which the councils are functioning.

18 THE CHAIRMAN: This is a convention,  
19 not -- I mean, open to the whole of the membership,  
20 and not merely to the executive bodies of the res-  
21 pective ---

22 MRS. ARMSTRONG: This convention is  
23 open to the entire membership and it is open to  
24 guests as well.

25 THE CHAIRMAN: Thank you.

26 MR. STEIN: I am interested in your  
27 recommendation regarding analysis of drugs. This  
28 suggestion has been made to us in a number of places.  
29 It has also been a question, raised on two points  
30 here, one, that because of the continued new develop-



1       ments in terms of what is available in a community,  
2       that this kind of analysis will always, inevitably,  
3       lag behind, and be of really limited value in terms  
4       of being able to assist the doctor in treatment.  
5       And, the other concern has been the possibility that  
6       the analysis would be used as a way of checking  
7       out the quality of new drugs in a community, and  
8       thereby assisting individuals who may be selling  
9       the drugs.

10                   Have you any observations on either  
11       of those two points?

12                   MRS. ARMSTRONG: Yes, your last  
13       question. You always have to take the good with the  
14       bad.

15                   MR. STEIN: You have weighed this in  
16       as a (cost) which you are prepared to ---

17                   MRS. ARMSTRONG: It is a (cost factor )  
18       which you must be prepared to face. And, number one,  
19       it is felt that the system of laboratory analysis  
20       as presently available is not good enough, that the  
21       young person comes in and is suffering withdrawal  
22       symptoms, and if he should be cared for at this  
23       point then this should be available immediately, not  
24       on the weekends.

25                   DR. LEHMANN: But, if it would be  
26       impossible to do this for technical reasons, at the  
27       present time, as has been pointed out to us, that  
28       even under the best conditions, it may take -- the  
29       analysis that is necessary may take an hour or two,  
30       while a doctor has only minutes in which he has to act.





1 At the present time, then, it would be not possible  
2 to do this technically to assist this treatment. Do  
3 you still feel that laboratories for analysis should  
4 be made available for other reasons, for instance,  
5 to alert the police as to what is being sold on the  
6 street, and so on?

7 MRS. ARMSTRONG: Yes, sir, yes.

8 DR. LEHMANN: In other words, this is  
9 not your only reason?

10 MRS. ARMSTRONG: That's right.

11 DR. LEHMANN: Even if this would not  
12 be possible, to help the acute treatment?

13 MRS. ARMSTRONG: As long as having more  
14 laboratory facilities available, whatever good can  
15 come from having those available should be utilized,  
16 whether it be in assisting the police, whether it be  
17 in assisting people who are searching for help,  
18 whether it be assisting a doctor, a hospital, a  
19 minister; it should be available.

20 DR. LEHMANN: You mentioned only the  
21 one, assisting the doctor, but if this would not be  
22 possible, then you would still think that it should  
23 still be available?

24 MRS. ARMSTRONG: Yes.

25 MR. CAMPBELL: Don't you think it was,  
26 an advantage that information got back <sup>to</sup> (from) the street  
27 from time to time about a particular drug that was  
28 particularly likely to produce an adverse effect?

29 MRS. ARMSTRONG: Well, that is a fear  
30 tactic.



1 MR. CAMPBELL: Not as a tactic, but  
2 as a matter of fact. Would you see an advantage in,  
3 as it were, the user of a drug being warned of the  
4 fact that a particular lot of pills was known to be  
5 bad?

6 MRS. ARMSTRONG: Yes. One, you have  
7 established you have users. Two, if you are going  
8 to be able to help them in any way, physically or  
9 mentally, then until this problem is solved, you have  
10 an obligation to let them know.

11 MR. STEIN: You mentioned your interest  
12 in government moneys being made available to muni-  
13 cipalities for research. Did you specifically --  
14 did you have something in mind in terms of what muni-  
15 cipalities would be able to do in the area of research,  
16 or did you mean just research ---

17 MRS. ARMSTRONG: We said "government  
18 moneys" because you are a federal Commission. We  
19 meant both provincial and federal without spelling  
20 it out. We feel that all municipalities operate in  
21 a different way, according to the needs of those  
22 particular communities. Some municipalities have  
23 already set up program, research, treatment centres;  
24 others have not been able to do this, where there is  
25 already a drug problem. So, this is why we feel  
26 that these grants should be available to those muni-  
27 cipalities seeking assistance.

28 MR. STEIN: I am moving backwards, in  
29 the order of your recommendations, but going back  
30 now to the question on trafficking that was, in part,



1 engaged by questions at the end of our last submission.  
2 Would your organization be inclined to view a neces-  
3 sity to make any differentiation or distinctions  
4 within the trafficking laws, i.e., along the lines  
5 that the gentleman before was referring to, the  
6 situation where someone may be giving a friend a  
7 drug which is presently the same, according to the  
8 law, as though he were selling a large quantity?  
9 In other words, do you have any concern about  
10 differentiating in the trafficking law?

11 MRS. ARMSTRONG: Yes, we have a very  
12 deep concern, and we are quite prepared to take a  
13 stand in that a person who supplies drugs, knowing  
14 what these drugs do to other people, should suffer  
15 a severe penalty. They are fully aware of what they  
16 are doing. We feel that an experimenter or someone,  
17 through fear or through many other instances, who  
18 may be trying a drug for the first time, should not  
19 have a criminal record, but that you, perhaps, should  
20 investigate this law that they have presently, in  
21 England, that an experimenter doesn't have a criminal  
22 record. But, the person who is pushing, the person  
23 who is trafficking, who is fully aware, because of  
24 money, or because of the need to make money for his  
25 or her own use, yes, definitely, they should suffer  
26 a severe penalty.

27 MR. STEIN: In other words, this is  
28 a fairly important point, but you are saying that a  
29 trafficker is a trafficker whether he has given  
30 someone one cigarette or whether he has sold fifty





1 cigarettes?

2 MRS. ARMSTRONG: Yes.

3 MR. STEIN: There is no differentiation,  
4 in your estimation?

5 MRS. ARMSTRONG: No, a trafficker is  
6 a trafficker.

7 THE CHAIRMAN: The present definition  
8 of trafficking does not require -- it includes giving  
9 without value or monetary consideration, and with  
10 what you have just said, would it apply to the casual  
11 trafficking between friends, which was referred to,  
12 I think, by Mr. Robinson?

13 MRS. ARMSTRONG: I think in reality you  
14 are splitting hairs. You are asking me if it is  
15 permissive, or if we would, perhaps, turn the cheek  
16 the other way, if a friend gave a friend a cigarette.  
17 Well, this may be all very well and good, but what if  
18 he gives a friend ten cigarettes, or twenty cigarettes,  
19 how would you define it? Is one sufficient?

20 THE CHAIRMAN: You are saying you can't  
21 make distinctions?

22 MRS. ARMSTRONG: No.

23 MR. STEIN: At the same time, you have  
24 heard the same thing that we have heard very often ---

25 MRS. ARMSTRONG: Yes.

26 MR. STEIN: And that is, it is very hard  
27 to make a distinction between a user and a person  
28 who is giving cigarettes to a friend, in other words,  
29 rightly or wrongly ---

30 MRS. ARMSTRONG: He is very generous.



1 MR. STEIN: Pardon me?

2 MRS. ARMSTRONG: He was very generous.

3 MR. STEIN: In what sense, in assuming  
4 everyone was in his category?

5 MRS. ARMSTRONG: Both, both in making  
6 them available, and in his assumptions.

7 MR. STEIN: And in his assumptions.  
8 You don't feel they are necessarily accurate assump-  
9 tions?

10 MRS. ARMSTRONG: No, sir, I don't.

11 DR. LEHMANN: And yet there is, of  
12 course -- I think there is a law, a provision that  
13 nobody is allowed to traffic in cigarettes or alcohol  
14 without having a licence. Now, if somebody offers  
15 a bottle of beer to somebody else, or gives them a  
16 cigarette or two, is he trafficking then, and is he  
17 violating the law?

18 MRS. ARMSTRONG: I think, sir, you are  
19 trying to make a judgment on the society that we  
20 have accepted. We are concerned with the society that  
21 have not yet accepted.

22 MR. CAMPBELL: What do you consider  
23 would be the appropriate type of penalty for the  
24 person who supplies marijuana to friends?

25 MRS. ARMSTRONG: You mean a legal or  
26 a moral?

27 MR. CAMPBELL: Legal.

28 MRS. ARMSTRONG: I don't know. I don't  
29 think we are in a position to be able to judge properly.  
30 I think this is a very, very serious problem; I don't





1 think it is something that an answer can be arrived  
2 at readily; I don't think that many of us, if I may  
3 use the expression, in our age group, are capable  
4 of giving you a legal opinion. You will have to  
5 formulate a legal opinion, and after having spoken  
6 with the majority of people in Canada.

7 MR. CAMPBELL: The reason I asked,  
8 you had spoken about -- I think your words were,  
9 "a severe penalty" for trafficking, and I wondered  
10 if you meant by, "severe", imprisonment, for instance,  
11 as a severe penalty, or if you were thinking in terms  
12 of other types of penalties, generally?

13 MRS. ARMSTRONG: I think the person  
14 who is trafficking is already in prison. But, I also  
15 think, when you think -- or, you speak in terms of  
16 a ratio of punishment, that putting a young person  
17 who is trafficking, inside four walls without any  
18 additional -- in other words, putting him in prison,  
19 or her, in prison, I don't think this is the answer.

20 I think that person should be taken  
21 out of society temporarily, depending upon the needs  
22 of that individual, and should be treated accordingly.

23 THE CHAIRMAN: Mrs. Armstrong, the brief  
24 says that, "to legalize marijuana, in our opinion,  
25 would not improve conditions." Could you elaborate  
26 upon your reasons for that?

27 MRS. ARMSTRONG: Yes, our concern is  
28 that we don't know enough about marijuana, we don't  
29 know enough about the effects of marijuana. It is  
30 said that it is non-addictive, but it is also said,



1 and has been proven, that there is a high correlation  
2 between marijuana and heroin. I think the opinion  
3 has also been expressed, that if you take marijuana  
4 off the market, people who are making it available  
5 will go on to other drugs, you have set a climate  
6 for people to engage in the use of drugs.  
7 We feel that at this time, that it is far better  
8 to not legalize something which we have, really, so  
9 little knowledge about.

10 There are many young people who feel  
11 that they have all of the knowledge in the world  
12 about this. Perhaps, being older, we may question  
13 it in a different way. We don't say that we have  
14 sufficient knowledge.

15 THE CHAIRMAN: Excuse me. Could you  
16 come to the microphone?

17 THE PUBLIC: Along this point here,  
18 I was just wondering, like, it is my belief personally  
19 that, say, had marijuana been legalized, along with  
20 the rest of the drugs that are considered to be --  
21 well, you know, not good anyway, by you and the rest  
22 of the panel, and alcohol also not restricted in any  
23 sense, wouldn't this put the onus on the person who  
24 is trying these drugs as they are, to decide for  
25 himself whether it is good for him or not? Wouldn't  
26 this, really, lead to a more mature society, as such,  
27 if everybody had to decide for themselves whether  
28 taking these things is good for them, and good for  
29 their family, and generally, for the society in which  
30 they live? Don't you think this would tend to lead  
to a more mature society?



1 MRS. ARMSTRONG: Could I ask you a  
2 question in answer to your question? You are asking  
3 whether or not this would lead to a more mature  
4 society. Do you believe that a child in grade seven  
5 is capable of making a decision, for a mature society?  
6 Two: Do you believe that as an individual who has  
7 the right and the privilege of making your own decision,  
8 that you do not have the responsibility of making a  
9 decision which may have its effect on your whole  
10 society? You are part of a whole society.

11 THE PUBLIC: That is what I'm saying.  
12 I'm saying that as a person, myself, it is my res-  
13 ponsibility to decide that, whether or not, if I take  
14 drugs, it is bad for the society in which I live.  
15 And if I can justify to myself, rationally, or irra-  
16 tionally, I suppose, that is up to me. But, if I  
17 justify to myself that "this is good" or "it is not  
18 harmful", should we say, then I think it would be  
19 permissible to take drugs. I'm not just lumping drugs,  
20 I'm saying, alcohol and things like this.

21 THE CHAIRMAN: Mrs. Armstrong's question  
22 is that, is a child in grade seven capable of making  
23 a wise or mature choice?

24 THE PUBLIC: Unfortunately, he probably  
25 isn't.

26 THE CHAIRMAN: So what is to be society's  
27 reaction to this fact? What do we do about it?

28 Could you reach the microphone?

29 THE PUBLIC: I would say that it is  
30 going to make a more responsible society because the





1 parents are going to have to be closer to their  
2 children than they are now, so that when a child has  
3 to make this decision, or if the parents have made  
4 the decision, to take drugs, then it is -- the parents  
5 are going to have to be closer so it is going to be  
6 an improvement. The parents will have to help the  
7 child decide whether they are going to do drugs or  
8 not, or if it will be accepted in their lifestyle.

9 THE CHAIRMAN: Then, as I take it, your  
10 answer to that question would be, the response has  
11 to be an exercise of parental responsibility?

12 THE PUBLIC: Yes, and not a law thing.

13 THE CHAIRMAN: And not a law.

14 THE PUBLIC: Yes.

15 THE PUBLIC: I would like to put a  
16 situation to you, and this, through my experience,  
17 is the way things are and mainly in high schools  
18 and universities, and we have Student A, Student B,  
19 and they have both been smoking pot, say, for six  
20 months, and everything being equal, they are both  
21 equal in their scholastic/attitudes. Then one night  
22 Student A is arrested for selling a dime of grass to  
23 Student B. Now, Student B would not get a criminal  
24 record because he was only the experimenter, whereas  
25 Student A would be classified as a trafficker and  
26 should be dealt with harshly, according to your brief.  
27 Now, can you justify why Student A should be charged  
28 and why Student A should be dealt with harshly,  
29 whereas, the way it is now, I don't think it's a too  
30 sweeping generalization because that is the way the



1 situation is now. How do you justify throwing one  
2 kid in prison and letting the other one off?

3 MRS. ARMSTRONG: Yes, I can answer that.  
4 Unfortunately, or fortunately, in a democratic society  
5 when we make laws we make laws for the majority of  
6 people. You are using an individual instance and  
7 I don't think you can make laws that would cover  
8 individual instances when you have to deal with the  
9 whole society.

10 THE PUBLIC: I would ask you another  
11 question: Really, in my mind, and I know, perhaps,  
12 the older, say, nineteen to twenty-five bracket --  
13 I am saying "older" because we have been talking  
14 about public school and high school students --  
15 smoking marijuana, right now, to a lot of people, is  
16 really an expression of individual freedom. Now,  
17 would you rather we quash this expression of individual  
18 freedom? The great majority of the people who smoke  
19 it, in this age bracket, smoke it intelligently and  
20 regulate its within their lifestyle, and generally,  
21 the lifestyle is not all that bad -- going to school,  
22 or things like that, and working for their own keep.

23 Now, could you say that they are  
24 telling you -- you are saying that we should do what  
25 is best for the society in general, while quashing  
26 somebody's individual freedom. And the way that, I  
27 believe, the situation has gotten now, is that people  
28 want to stand up for their individual freedom in  
29 spite of the laws until we have something different.

30 MRS. ARMSTRONG: If I may, I think you





1 should stand up for individual freedom, but you  
2 should change society through the proper framework  
3 of law, which may take time. And I would also say  
4 that when you speak of freedom, you do have the  
5 freedom of choice and you do have the right of  
6 freedom, but within freedom there is an inherent  
7 responsibility, and inasmuch as you comprise one of  
8 the peer groups in society and younger people look  
9 up to you, you must also pay heed, not only to your  
10 freedom, but to the responsibility which you carry  
11 by being free.

12 THE PUBLIC: Well, this is speaking  
13 for myself, personally, and I don't exactly know  
14 of anybody else thinks like I do.

15 MRS. ARMSTRONG: I think many do.

16 THE PUBLIC: Pretty close. I right  
17 now, am responsible for myself, and I feel that  
18 I'm not influencing anyone in an adverse effect  
19 through the ways -- like, because I smoke pot, and I  
20 take that as part of my own personal experience, and  
21 that is a part of myself. But, in the other things  
22 that I do, where I try and set a type of example,  
23 where there should be a communication between people,  
24 where there should be understanding, there should be  
25 give and take between people, and a person should be  
26 responsible for himself and responsible to do some-  
27 thing for the terrible state of affairs we have got  
28 now. Now, because I have got this and I can justify  
29 this myself, and I have spent some time trying to  
30 justify my own feelings.



1 I was arrested two weeks ago and  
2 charged and I cannot justify that arrest and that  
3 charge for any reason at all. Because I have got  
4 to the point now where I thought that I was existing  
5 with as little friction as possible, and I was trying  
6 to help people, or I was trying to help myself  
7 without hurting anybody else, and live an individual  
8 life. And then; I wasn't hurting anybody else, just  
9 doing something myself, I get arrested. And if I  
10 get convicted, it could cut out a lot of things that  
11 I want to do.

12 They are a lot of things I feel that  
13 could be good for the society I live in. And I feel  
14 that when we make a justification, like, even now --  
15 I was just charged with possession, but <sup>your</sup> / justification  
16 for trafficking bringing a harder penalty on the  
17 person, a harder psychological effect. And I feel  
18 that, perhaps, the law we have now -- I feel the laws  
19 we have now are wrong and they should be changed,  
20 but I don't feel that it is going to stop anybody  
21 from doing this.

22 MRS. ARMSTRONG: Could I ask you two  
23 questions, then? One--I commend you on your res-  
24 ponsibility to yourself as a person, but I would  
25 also ask you, one: You said you smoked pot. This  
26 was a personal decision, you thought you were not  
27 harming anyone; you were trying to do your best for  
28 society. If a nine year old boy, a friend of, perhaps,  
29 a brother of a friend of yours, perhaps, came to you  
30 and said, "I know you smoke pot. Would you suggest



1 I smoke pot?" How would you indicate your res-  
2 ponsibility in that instance? And my second question,  
3 or, perhaps, answer, to you, is that I don't believe  
4 there should be a criminal record for young people  
5 who are convicted. I think the use of narcotics  
6 should be taken out of the Criminal Code and put  
7 under a separate Code -- a totally new law.

8 But, could you go back to the first  
9 question? Would you answer me, what you feel your  
10 responsibility is if a young person came to you and  
11 asked you your opinion as to whether he or she should  
12 use this drug, even though you have used it, personally,  
13 without any harmful effects to yourself or to your  
14 friends, as you say?

15 THE PUBLIC: Well, what I would do,  
16 probably -- in fact, definitely, is try and establish  
17 some kind of communication with a nine year old to  
18 find out, "Why do you want to do it?" And find out  
19 exactly why. And then, I would probably say that,  
20 "Well, when I was your age, I didn't smoke pot and  
21 I think a nine year old kid has a lot more to do  
22 and a lot more that's enjoyable to do than smoking  
23 pot." And I would tell him, "Well, I don't advise  
24 it, and I think there are better things you could  
25 do when you are nine years old than smoke dope,  
26 because you've got to get involved with all of us  
27 criminals, and it's terrible."

28 MRS. ARMSTRONG: Is it the fear of a  
29 criminal record that makes you give this advice to  
30 this child?





1 THE PUBLIC: Well, I don't think that --  
2 through  
3 my own smoking, I have gone through some changes  
4 in my head, and I don't think a nine year old could  
5 really put up with what it was doing to him. Like,  
6 I can't relate to a nine year old smoking pot, I never  
7 did it when I was nine years old, and I don't know  
8 what it would do to a nine year old person, but I  
9 would say, "Wait", because there are a lot more things  
10 that a nine year old person could do, and having fun.  
11 A nine year old person should have fun. For a nine  
12 year old person to smoke pot, it wouldn't be very  
13 much fun because he would have to associate with a  
14 lot of people that, perhaps, nine year old people  
15 are not really developed and set enough in their own  
16 ways to associate with.

16 MRS. ARMSTRONG: Would all the other  
17 people in your age group give this type of advice  
18 to a nine year old, especially if they wanted to sell  
19 some?

20 THE PUBLIC: Of course, nobody wants  
21 to make money selling grass, because you can't do it.  
22 And this is another thing with your trafficking. It's  
23 not somebody stuffing his pockets with envelopes of  
24 grass and going into a high school with numbers in  
25 his eyes, figuring out how much money he could make.  
26 And somebody -- and I say again, generally, perhaps  
27 80% of the cases are, somebody says, "Hey, do you  
28 know where I can get some grass?" And I can say,  
29 "Yeah, I've got some", and I say, "Here, you can have  
30 some", and I say, "Peace", and he'll go away.



1 MRS. ARMSTRONG: You give out a lot  
2 that way.

3 THE PUBLIC: It is not a matter of  
4 somebody saying, "Ah, I see a nine year old kid. I  
5 can rake him for all the money he'll ever make. I can  
6 get him on the line and squeeze him for every dollar".  
7 I don't think it's ever been that way with grass.

8 MRS. ARMSTRONG: It's not the selling  
9 to the nine year old, it's the responsibility I am  
10 asking you about.

11 THE PUBLIC: Yes. Well, my responsibility  
12 would be, I would say to the nine year old kid, "Don't  
13 smoke it." I would say, "Listen, there are better  
14 things for you to do when you are nine years old than  
15 smoke dope." And I wouldn't resort to lies that have  
16 been told -- aren't being told as much as they used  
17 to be, but I would say the generation we have -- your  
18 generation was brought up in an era of Depression and  
19 lies, and you had better get some air.

20 MRS. ARMSTRONG: I disagree with you.  
21 It was a very truthful generation. We were in Europe  
22 fighting a war.

23 THE PUBLIC: You were in Europe fighting  
24 a war in 1937. If you could see the posters that  
25 were demonstrated in the subways and in buses, and  
26 the programs against marijuana, "the killer drug",  
27 "the evil weed", "murder, death, insanity", this is  
28 what I think our generation is trying to get through.

29 Now we have read all this and smoked  
30 it and realized, "I am not crazy, and I haven't killed





1 anybody, and I haven't raped anybody." And we look  
2 at what somebody brought up, and we are just, really,  
3 trying to clear the air.

4 And, perhaps, some other people have  
5 hung on to their ideas, but we have got to get a  
6 little more radical in our viewpoints to bring the  
7 truth out. And that is why a lot of people are  
8 becoming more radical now, because they figure, "We  
9 have got to bring the truth out somehow." You are  
10 not really going to change your ideas unless there  
11 is a radical difference. So maybe, if you are radical  
12 we can come together in the middle, and come to some  
13 intelligence to that extent.

14 MRS. ARMSTRONG: I think that is a  
15 supposition, and we aren't radical, we are prepared  
16 to listen to you.

17 THE CHAIRMAN: The gentleman at the back?  
18 I don't know whether you can reach the microphone, it  
19 is a little awkward.

20 Perhaps I should have suggested we could  
21 sit a little closer. If you could move down, maybe.

22 THE PUBLIC: In the report, or the brief,  
23 that we have just heard, over and over again in my  
24 own mind I keep thinking, "They have made one real  
25 big mistake, they have neglected to define, or in any  
26 way, make any distinction between the people who use,  
27 the people who deal in marijuana, and those who are  
28 dealing in and using heroin, or something else, the  
29 real hard stuff." We keep hearing about the people  
30 who, in your eyes, seem to be selling marijuana and



1 gaining thousands of dollars off it every week, and  
2 who are in need of therapy centres and in need of  
3 centres where they are going to undergo terrible  
4 withdrawal symptoms, which, I am afraid, is garbage  
5 because marijuana; there is none of this involved.

6 The withdrawal symptoms as were  
7 mentioned just at the end of this last brief, are  
8 really negligible. They might just be a bit of a  
9 depressed mood, certainly nothing equal to a hangover  
10 after a good drunk, and they are really nothing that  
11 we can think of or talk about at all. And it seems  
12 that if -- like, the logic and the basis for stating  
13 that you think the marijuana should not be legal,  
14 is based not on facts that are surrounding marijuana  
15 but on facts that are surrounding heroin.

16 MRS. ARMSTRONG: I could answer you.  
17 I don't know whether you listened very clearly to  
18 the brief, but the brief covers the abuse of drugs,  
19 not just marijuana. We are concerned about the  
20 increased use of marijuana because we do feel -- we  
21 may not be correct in this assumption, but it is our  
22 feeling that the use of marijuana tends to lead to  
23 hard line drugs.

24 Now, when it comes to treatment centres  
25 for these horrible withdrawal symptoms, which you talk  
26 about, you obviously have been through them. I have  
27 only had a hangover, you know. We suggest that there  
28 be halfway houses or treatment centres available to  
29 users of other drugs, who may be experiencing this,  
30 so that, should they desire, they can obtain proper



1 treatment.

2 THE PUBLIC: All right. Just in your  
3 points, you again brought up something about harder  
4 drugs, marijuana leading to it.

5 MRS. ARMSTRONG: We are concerned with  
6 heroin when we are talking about hard line drugs.

7 THE PUBLIC: I don't know where the  
8 study came from, we first heard about it this year,  
9 some study where they interviewed heroin addicts and  
10 found that 98% of them had been using marijuana, and  
11 so they threw their hands up, and/<sup>said</sup>everybody just went  
12 from marijuana eventually right into heroin, the next  
13 day. Well, you know, this 98% is a terrible failure  
14 and everything, but that's just for people who were  
15 using heroin. But what about the countless thousand,  
16 probably millions, over the years, who have smoked  
17 marijuana, and maybe they progressed to something  
18 harder in the way of beer or alcohol, who hadn't  
19 even wanted to go on/<sup>to other</sup>drugs because they are quite  
20 happy with marijuana, and this is all they want.  
21 You know, it is ---

22 MRS. ARMSTRONG: Are you making a  
23 statement or asking a question?

24 THE PUBLIC: Marijuana, big capital  
25 letters, does not lead to heroin.

26 MRS. ARMSTRONG: You may know that  
27 answer. We don't. This is precisely why we feel  
28 it should not be legalized until we know more about  
29 it.

30 THE CHAIRMAN: There is a gentleman at





1 the microphone.

2 THE PUBLIC: You spoke earlier of a  
3 boy in grade seven, using marijuana, and if he was  
4 mature enough to handle it. Well, quite a few years  
5 earlier, when alcohol became under the -- well,  
6 Liquor Control Board, or whatever, they decided that  
7 twenty-one was the legal age at which one would have  
8 control over oneself, so you wouldn't go out and  
9 get bombed and do something that would degrade society,  
10 or something to that effect. So then, they put the  
11 age at twenty-one.

12 Well, in that alcohol can dull your  
13 senses, it can impair your driving, it can make you  
14 dangerous, it can physically harm you in the long  
15 run, and in the short run because you certainly can't  
16 walk straight anyway, if you have had a good drunk.

17 MRS. ARMSTRONG: You can't?

18 THE PUBLIC: Well, apparently.

19 Marijuana is somewhat parallel to this,  
20 in that in drinking, say, in beer, if you have half  
21 a dozen beer, or, maybe some people can handle that  
22 so they go on and they have a good drunk and they  
23 have a dozen beer or whatever, and maybe then, they  
24 throw up or something. But, then they have gone up  
25 a scale, and it is the same with marijuana. It is  
26 very, very similar in its effects. So that, why not?  
27 Why not put an age on marijuana?

28 MRS. ARMSTRONG: For the simple reason ---

29 THE PUBLIC: If I could follow this up.  
30 One other question you said -- well, the boy previous



1 to this, Mr. Robinson, he said that everybody who  
2 has tried marijuana has been a pusher for some time.  
3 Now, is not the evidence presented by him somewhat  
4 contrary to what you said?

5 MRS. ARMSTRONG: Oh, very.

6 THE PUBLIC: Also, you said there is  
7 a line drawn between someone who is an experimenter  
8 and someone who is the pusher. Obviously then, from  
9 what you say, the pusher is taking the responsibility  
10 or, I suppose, is throwing it away, in supplying this  
11 drug. Now, if he throws it away, he is endangering  
12 the life, I suppose, of the person he is giving it  
13 to, therefore, there must be something wrong with  
14 him. Is that what you are saying?

15 MRS. ARMSTRONG: No, that's what you  
16 are saying.

17 THE PUBLIC: No, but is this not --  
18 if he is doing this, maybe there is something wrong  
19 with him, and in that case, in bringing together  
20 what Mr. Robinson said, there must be something wrong --  
21 is something wrong with everybody who tries it? And  
22 in that case, considering the thousands of people  
23 who have tried it, there must be something about them  
24 which is wrong, because they are all considered normal.

25 MRS. ARMSTRONG: Who is queer, they or  
26 me?

27 The answer to -- or, at least, my  
28 reply to your first question is, that in the field  
29 of alcohol and in our laws which we presently have --  
30 now, this is a personal assumption -- we made a mess





1 of things over the years. I don't honestly feel  
2 that we should repeat the same mistake. I feel that  
3 we should know more about marijuana before we either  
4 legalize it or not legalize it. I don't think that  
5 two wrongs make a right. Prohibition did nothing  
6 for alcohol. And some of our laws did nothing for  
7 alcohol, but we are not here to talk about alcohol.

8 Now, when you asked me just where the  
9 distinction should be made between the person who  
10 is a pusher in life you have to make a choice  
11 often; you don't burn one finger when you know a fire  
12 will burn. If you are on drugs, and you know what  
13 it does to people, and you know that the responsibilities  
14 that you have to society, you know what will happen,  
15 and you persist in giving it to others, whether it be  
16 in one small packet, in one big packet, one cigarette,  
17 or whatever you want to term them, ten, twenty; you  
18 must draw the line. And I am sorry, but I would draw  
19 the line.

20 You may feel it is hard, but it has to  
21 be done.

22 THE CHAIRMAN: The gentleman at the back?

23 THE PUBLIC: Ma'am, you have been  
24 speaking about penalties for pushers of marijuana.

25 MRS. ARMSTRONG: We must have a lot of  
26 them around here.

27 THE PUBLIC: There must be.

28 But again, this question was raised by  
29 the Commission, about when is a person a pusher and  
30 when is a person not a pusher. I would like to bring



1 something else into this discussion. I think that  
2 alcohol is at least as bad a drug as marijuana. What  
3 are we going to do about the pushers of alcohol?  
4 Don't they deserve equal penalties?

5 MRS. ARMSTRONG: Maybe we will have  
6 another commission to study alcohol.

7 THE PUBLIC: Why bother about commissions?  
8 This Commission is looking at all drugs, including  
9 alcohol, non-medical use of drugs. Alcohol is a drug  
10 and when you drink it at home, that is a non-medical  
11 use of it.

12 MRS. ARMSTRONG: Well, you can also  
13 go to Heinz Ketchup, and it has alcohol in it too,  
14 hasn't it?

15 THE PUBLIC: Okay, let's investigate  
16 Heinz Ketchup, I don't care, let's investigate them  
17 all. People are shooting peanut butter. Now, what  
18 are we going to do about the people who are shooting  
19 peanut butter? Are we going to go to the border with  
20 guns and make sure no more peanut butter gets across  
21 the border? What about the farmers illegally  
22 pushing peanut butter? Now, you are laughing about  
23 it, this really is serious.

24 MRS. ARMSTRONG: I'll tell you why I'm  
25 laughing, my children can't eat peanut butter. Their  
26 mouths get clogged up. How do you push it?

27 THE PUBLIC: You don't push it. You  
28 shoot it up your arm with a needle. Now, this is  
29 how it is done. What are you going to do? Mayonnaise  
30 and peanut butter, they are shooting.



1 MRS. ARMSTRONG: It is cheaper.

2 THE PUBLIC: There is no way we are  
3 going to stop these drugs. I know kids who smoke golden  
4 rod. Can you imagine stamping out all the golden rod in  
5 Canada. They say they get something out of it. I don't  
6 even want to smoke cigarettes, I don't even want to smoke  
7 anything, but some people do, and we have got to deal  
8 with those people who do, and there is no point in  
9 throwing them in jail.

10 MRS. ARMSTRONG: I agree with you there.

11 THE PUBLIC: Not even the pusher, because  
12 everybody is a pusher. If you are smoking cigarettes,  
13 you are pushing cigarettes.

14 MRS. ARMSTRONG: I said penalties, but I  
15 prefaced it with penalties which are deserving. I  
16 didn't say "jail".

17 THE PUBLIC: Penalties, that is the revenge  
18 system. Haven't we got over the revenge system yet? How  
19 about the rehabilitation system?

20 MRS. ARMSTRONG: The only penalty I am  
21 talking about is rehabilitation.

22 THE PUBLIC: It is something up to the  
23 individual, when the individual doesn't realize he has  
24 got to be left on his own. We can't kick him any more.  
25 If people can't stand it, they have got to die. The  
26 democratic government is government for the people, and  
27 at the moment, it is not that at all. This panel is  
28 supposed to be for the people. I am one of these people,  
29 and you are another person, and you have got an entirely  
30 different point of view from mine, and you say "majority





1 rule". What is the majority, madam? The majority changes  
2 with every decision and with every article that comes up  
3 to be faced. So that, in the end you find that there is  
4 no majority, there is only minority, and the minority  
5 is the individual, so the individual must be responsible  
6 for himself, and for their children; that's it. You  
7 may be responsible for your children until they can look  
8 after themselves and that's as far as you can go.

9 MRS. ARMSTRONG: That's what we are  
10 attempting to do as mothers, be responsible for our  
11 children.

12 THE PUBLIC: All right, as mothers,  
13 all right. But you are also nosing in on other  
14 people, for you are also saying, "Those people who  
15 push, we've got to put them in jail".

16 MRS. ARMSTRONG: I didn't say, "jail".  
17 I said "penalties". I would like to rehabilitate  
18 them.

19 THE PUBLIC: Whatever, as far as I am  
20 concerned, a psychiatric ward is a jail, it's just  
21 got a different name.

22 MRS. ARMSTRONG: Well, I think that,  
23 perhaps, one lesson--I might suggest to you, that  
24 you learn, that government, as you say, by the people,  
25 is also for the people, and that the fact all of  
26 these people are here today, regardless of what you  
27 personally think, indicates that they are concerned  
28 with the people.

29 THE PUBLIC: They are concerned for  
30



1 their own skins because, unless something is done,  
2 there is going to be another revolution, armed  
3 revolution, and I think the people on the Board quite  
4 realize this sometimes. There is a great -- look  
5 at Kent State, there are guns in the streets now,  
6 the Black Panthers have got guns, and unless these  
7 people in government do something they are going to  
8 be dead, so, naturally, they are going to do some-  
9 thing.

10 THE CHAIRMAN: I think, Mrs. Armstrong ---  
11 --- (Applause)

12 THE CHAIRMAN: I think we should release  
13 you and thank you for your assistance on behalf of  
14 The Provincial Council of Women of Ontario.

15 MRS. ARMSTRONG: Thank you very much.

16 THE CHAIRMAN: Thank you very much,  
17 Mrs. Armstrong.

18 THE PUBLIC: Will you excuse me just  
19 a moment? There are just two or three observations  
20 I would like to make, and I would like to refer to,  
21 I think, the last speaker. In our work we have, over  
22 a period of time, we do talk to the different ministers  
23 and we have already suggested, you will be interested  
24 to know, to the Minister of Reform, that jail has  
25 never been the answer for someone drunk. I know  
26 you will be happy to know that, so, I think, someday  
27 they will smarten up and do something about that.

28 But, the second point I would like to  
29 make is this: that as recently as last night we  
30 were told by a drug addict that no one selling, or





1 a pusher, and he has been an admitted pusher, that  
2 the harm in marijuana is, they get you onto marijuana,  
3 but that is not <sup>all</sup>. And I agree with the person who  
4 said that that is not where you make your money,  
5 but they want to get you into the hard stuff so they  
6 will take your money. He said he made anywhere,  
7 easily, between \$500 and \$1000 a week, which, of  
8 course, he used up himself. He never profitted one  
9 cent from it.

10 THE PUBLIC: Selling marijuana, ma'am,  
11 or selling heroin?

12 THE PUBLIC: I don't know.

13 THE PUBLIC: If the government under-  
14 sells the pusher, then the pusher will make no money.

15 THE CHAIRMAN: Thank you very much.

16 I call now on Mr. Terry Lee, social  
17 worker, McMaster Field Unit.

18 The gentleman there; while Mr. Lee is  
19 taking his seat.

20 THE PUBLIC: I just have a small  
21 comment, it is, sort of, a personal observation,  
22 and that is, that if you were to give a marijuana  
23 cigarette to a nine year old child, that person would  
24 probably take one or two drags from it and then get  
25 bored, and then go working on his tree house. That  
26 is an observation, made out west, that the younger  
27 children tended to look at the older people smoking  
28 dope and said, "Oh, look at those dopies, aren't  
29 they funny." I don't think this is really a problem,  
30 the young children smoking. I think people who want



1 to smoke, will reach a certain level of maturity,  
2 and when they change, the level of maturity will  
3 change, and they will stop smoking.

4 THE CHAIRMAN: Mr. Lee, would you like  
5 to introduce your colleagues?

6 MR. LEE: I am Terry Lee from McMaster  
7 University, the Department of Psychiatry. Beside me  
8 on my right is Mike Upfold, a student of McMaster,  
9 and on his right is Mr. John Cargo, a student of  
10 McMaster.

11 The reason for our appearing in front  
12 of the Commission today is an attempt to describe  
13 one of the activities that we have been involved in  
14 in dealing with the problem of drugs, and specifically,  
15 kids who have been using drugs, or are getting in-  
16 volved in this, sort of, drug culture. This is a  
17 kind of project that has been developed by the students  
18 at McMaster, the school social workers, in conjunction  
19 with a few other personnel from the community,  
20 including myself and a few other people, and it is  
21 really an attempt to deal with problems that emerge  
22 on a crisis basis, around overdose, and reaching  
23 medical facilities. So, in a sense, it is not  
24 dealing with the opinions about legalization of  
25 marijuana or that sort of thing, but rather an attempt  
26 to provide some kind of an answer for people who  
27 have been using drugs.

28 Mike is presently director of this  
29 project, and I would like to ask him to expand on  
30 the project, and the kind of activities that we have



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1 telephone lines manned by five users or ex-users  
2 who have had a great deal of experience in dealing  
3 with freakouts, overdoses, as well as a back-up team  
4 of students who have had somewhat less contact, but  
5 somewhat more than no contact, who can go out into  
6 the community, have a liaison with the medical  
7 facilities, and have made previous contacts with  
8 persons in the social service agencies.

9 That is basically the service. It is  
10 in the planning stages right now for several reasons.  
11 The first is that it took a great number of months  
12 to convince people that the statistics that they  
13 wanted in order to support the service were in no  
14 way available without knowing the service, and it  
15 took two months to convince people of that. We also  
16 have a service which does not have any official  
17 agency backing, and we do not have professional staff  
18 in any more than an advisory role. Other problems  
19 have been, basically, of a political nature, and  
20 I don't know if there is any reason in discussing that.  
21 And that is the summation, generally.

22 MR. LEE: John, do you have anything  
23 to add?

24 One of the reasons for the presentation,  
25 Mr. Chairman, is that, frequently, in a case like  
26 this, the Commission's role is to discover the  
27 complaints of people relating or having an opinion  
28 in regard to drugs. And the reason that we have made  
29 an attempt to come in front of the Commission was to  
30 provide an attempt at an answer, and our attempt, we



realize, as being not as sophisticated as some, and  
certainly lacking in a lot of usual kind of provisions.

Financially, we have had a good deal of difficulty, in providing money for students to work in the summertime in connection with this, and we have also experienced difficulty in receiving support from a variety of different community resources. Despite this, it has been a kind of a happy experience, in a way, because we have received very little, or no, official publication, or publicity, but we have rallied a number of interested people, to our side. And we are not overly hopeful in the future, to get the thing under way, but in a sense, I think it has provided a real attempt at solving, in some way, the problem.

There are a couple of highlights that I would like you to look at. One is a real effort on the part of the peer group; those people who have experienced it and gone through it and are willing to talk to those who are presently experiencing it. And secondly, this is a very informal, non-official kind of attempt to deal with the problem, and we have experienced a problem / <sup>that is</sup> both advantageous and disadvantageous.

We don't have any particular recommendations to the Commission, I think, aside from the fact that if you can rally some financial support for our cause, we would appreciate that.

THE CHAIRMAN: Thank you.

As I understand it, you have identified





1 a need for a certain kind of service, and providing  
2 that service is essentially assistance mainly given  
3 over the telephone, to people who are experiencing  
4 effects of overdose. Is that basically ---

5 MR. LEE: I think, really, the service  
6 is three-pronged. We mentioned one of them, and  
7 that is, emergency counselling or an emergency talking  
8 down program, and this is with those people who have  
9 used in the past, people who are sympathetic or  
10 understanding in terms of the problem, and the second  
11 thing is an attempt to go out and talk directly to  
12 the people who are involved directly in that, and  
13 to see them where they are, rather than, sort of,  
14 dealing personally across the phone, to get a sense  
15 from their lifestyle, and what it is involved in.  
16 And the third is to get medical services for medical  
17 problems associated with the use of drugs -- collapsed  
18 veins, hepatitis; things of this sort.

19 So, it is really an attempt to provide  
20 a three-pronged approach to the problem.

21 MR. STEIN: Have you any views -- were  
22 you hear earlier, a little bit before?

23 There was some mention made about the  
24 desirability of having drug analysis made available  
25 for use -- well, actually the conversation revealed  
26 there were a number of reasons for it in the minds  
27 of the previous speakers. But do you have any views  
28 on the value or the lack of value of such facilities?

29 MR. UPFOLD: We feel that it is fairly  
30 essential to any service we can provide, and un-



1       fortunately we are not going to get it. We are just  
2       going to make a big deal out of whatever we can do.

3                       MR. STEIN: Why is it essential?

4                       MR. UPFOLD: A great number of things,  
5       sold as acid, or MDA or mescaline, or speed, or  
6       whatever, have come in at various times, and are  
7       nothing related to what they are sold as. Someone  
8       has very specific symptoms, detrimental effects,  
9       and there is no way that we can tell immediately  
10      what is around at any particular time.

11                      MR. STEIN: What would be the value in  
12      terms of telling you right away what the drug was  
13      that was being used?

14                      MR. UPFOLD: On the basis of a project  
15      done in London last summer, where drug analysis was  
16      done, they found that a great number of pushers,  
17      dealers, whatever you want to call them, were not  
18      really the evil guys everyone thought they were. When  
19      the service was available with no strings, or any  
20      chance of getting busted, they brought in some  
21      quantity of whatever they had to sell before they  
22      started selling it, and got it analyzed, and if it  
23      was bad stuff then it didn't get sold. If it did  
24      get sold, then the people who were working at the  
25      clinic knew what it was when they got a call. They  
26      could say, "Where did you get the stuff?" "I got it  
27      from so and so"; they know what it is and how to  
28      deal with it. They had some strychnine, as an example.

29                      MR. STEIN: Don't you see any problem,  
30      as long as there is a law prohibiting the substance,



1 out of the other side of its mouth facilitating  
2 the persons who are selling the drug in a way that  
3 they can make sure that they have high quality goods.  
4 I mean, is it really a practical kind of possibility?

5 MR. UPFOLD: It is much more practical  
6 than having people dying.

7 MR. CARGO: I think that if you are  
8 going to sell it anyway, you might as well have good  
9 stuff. And it is going to be sold. So you know you  
10 can prevent a lot of bad things happening by making  
11 sure it is good stuff when it is sold.

12 MR. LEE: The other thing, in connection  
13 with this, is that one of the common complaints about  
14 drugs and those who use drugs is that very little  
15 research is available, and, I think, increasingly,  
16 we need to look to a variety of different kinds of  
17 ways of finding out what the effects of drugs are,  
18 and this may be one of the ways. I think your point  
19 about the laive speaking out of both sides of its  
20 mouth at the same time is valid if we are going to  
21 be rather rigid in our interpretation of the law.  
22 But, one of the things that the Commission will  
23 probably be coming up against is questionning the  
24 consideration of marijuana with other kinds of drugs  
25 and it seems to me it is increasingly necessary for  
26 us to receive a good deal of information in regard  
27 to the effects of drugs, and this may be one of the  
28 ways of doing it.

29 The other point in connection with this  
30 is that we have to be somewhat more sophisticated in





1 terms of the effects of drugs and begin to differen-  
2 tiate with much more refinement between the different  
3 kinds of drugs available. I would support quite  
4 strongly some of the points that were made by previous  
5 speakers in terms of the difference between marijuana  
6 and the other kinds of drugs. "The thing is that as,  
7 increasingly, we become aware of the effects, we can  
8 make up differentiation in a much more rational and  
9 reasonable way. And I would suggest that by finding  
10 out what is in drugs and tracing the effects, we  
11 can begin the necessary research which is so important,  
12 I think, in this field.

13 DR. LEHMANN: Your point, then, is that it  
14 isn't so important for the immediate treatment of  
15 the acute case who is coming to the hospital in need  
16 of treatment, but that one can learn by -- even if  
17 the knowledge of what is in the sample, which caused  
18 intoxication, even if that comes too late for the  
19 treatment of that particular case, that one will  
20 still learn to associate the chemical composition of  
21 every sample with certain clinical symptoms, so that  
22 the next case, or later on, it can be -- in other  
23 words, the research purpose of such an analysis for  
24 the association of clinical symptoms with chemical  
25 composition would be more important than the immediate  
26 or, just as important, as the immediate value. Is  
27 that the point you were making?

28 MR. LEE: I was in no way attempting  
29 to depreciate the importance of attempting to deal  
30 with the acute problem and the emergency problem.



1 DR. LEHMANN: This may not be possible,  
2 technically.

3 MR. LEE: That is right. I think that  
4 we should make an attempt to deal with that problem  
5 though, independent of whether it is possible right  
6 now. But, I think that in order to do that more  
7 effectively, we have to begin to move into the  
8 direction of using an increasing amount of research,  
9 and so that, I would really -- I couldn't put any,  
10 you know, percentage of importance on either one of  
11 those, but I would stress both. Both the dealings  
12 with the acute problem in terms of treatment, and  
13 also the development of a stockpile of research in  
14 terms of the effects.

15 THE CHAIRMAN: Mr. Lee, you mentioned  
16 that one of the functions of your service is to assist  
17 users to relate to things which relate to medical  
18 facilities, necessary medical facilities, referral,  
19 I take it, to doctors. What kind of a reception or  
20 response have you encountered from the medical pro-  
21 fession providing this service?

22 MR. UPFOLD: Very good. We have dealt  
23 with a fairly small group of medical people at this  
24 point, but we haven't talked to any doctors who have  
25 been at all negative. We have been picking people  
26 who we thought could provide the broadest range of  
27 service, people who had access to hospital beds,  
28 larger clinical facilities; things like that, and  
29 they have all been extremely receptive.

30 THE CHAIRMAN: Yes, gentleman at the





1 microphone?

2 MR. LEE: What I would just add to  
3 complete that response -- excuse me. I think one of  
4 the (definitions) we have received in experience, and  
5 this is a second-hand experience, that is, that the  
6 kids have had, their experience with the medical  
7 facilities in terms of the hospital have not been  
8 positive, and that one of the attempts the group is  
9 moving -- one of the directions the group is moving  
10 in is an attempt to provide an atmosphere or a situation,  
11 an encounter at a hospital which is non-threatening  
12 and which is non-punitive, and which is also really  
13 the possibility of the police being in the background,  
14 a referral directly to the police is absent. So,  
15 I think our response from the medical profession has  
16 been very positive. The kids' response or reaction  
17 or the kind of situation that they experience when  
18 they have come in contact with the hospitals, has  
19 not been quite so positive, and we are moving also  
20 in trying to alleviate that possibility.

21 THE CHAIRMAN: Gentleman at the micro-  
22 phone?

23 THE PUBLIC: What are the specific  
24 drugs which are causing this problem and which are  
25 the most severe?

26 MR. UPFOLD: Speed. You know, that is --  
27 we haven't run into any heroin, and speed is the next  
28 best thing that we have had contact with.

29 THE PUBLIC: What is behind that one?  
30 Could you give me them in order?



1 MR. UPFOLD: Well, I guess acid, and  
2 its related counterparts which are usually acid too,  
3 and then marijuana and hash are, sort of, 200 rungs  
4 down the ladder. We haven't had any.

5 THE PUBLIC: They would be down the  
6 ladder?

7 MR. UPFOLD: Yes.

8 DR. LEHMANN: Do you treat alcohol  
9 problems at all?

10 MR. UPFOLD: No. Hamilton has very  
11 flourishing clinics for alcoholics.

12 DR. LEHMANN: There are other facilities?

13 MR. UPFOLD: Oh, yes.

14 MR. LEE: I think we started off by  
15 focusing on a talking down process, and increasingly  
16 we became aware that we had to have, sort of, medical  
17 provisions as well, but the focus has been very much  
18 on the drug in the popular sense, that is, related to  
19 acid and speed, and that sort of thing, and the  
20 problems in connection with it.

21 We have been attempting to enlist the  
22 support of other kinds of groups as well as the  
23 medical profession, including Manpower, school  
24 authorities and that kind of thing, so that, although  
25 it is not pushed on the kid, if he is interested in  
26 exploring out those other areas with the people, the  
27 groups, then we can make resources there.

28 THE CHAIRMAN: Any other questions or  
29 comments?

30 There is a gentleman here, if you could



1 bring the microphone over.

2 THE PUBLIC: I would like to ask, like,  
3 through your organization could there -- like, is it  
4 possible to get any provision for, like, some kind of  
5 a public notice, notice as to what -- say, if there  
6 was a bunch of really, really acid and MDA, not just  
7 a burn, like, physically harmful, is it possible, or  
8 would you people be willing to go into the area of  
9 probably trying to notify the drug culture, not through  
10 word of mouth, but through some kind of publication  
11 or announcements on radio, or pamphlets set up in  
12 prominent -- like, bookstores and drug stores, and  
13 things like that?

14 I think it is a good idea. Is it  
15 possible?

16 MR. CARGO: I think if it was financially  
17 possible. That is the hang-up right now.

18 THE CHAIRMAN: You mentioned finances  
19 before. What efforts have been made to get financial --  
20 I don't mean I want precise details; what kind of  
21 sources have you tried to get support from?

22 MR. UPFOLD: Basically, here, we have  
23 tried ---

24 THE CHAIRMAN: Public and private.

25 MR. UPFOLD: Basically, we have tried  
26 the Addiction Research Foundation and the public.

27 THE CHAIRMAN: You haven't tried govern-  
28 ment?

29 MR. CARGO: It takes too long, basically.

30 MR. UPFOLD: City government.





1 MR. LEE: We have tried city government  
2 and, as a matter of fact, the provision of rooms for  
3 our location are from the city government, Urban  
4 Renewal Department, so that we have had -- and they  
5 are free -- so that we have received good support  
6 that way.

7 In terms of the more -- I guess in a sense,  
8 we are high risk factors, like providing funds for  
9 staffing and funds for additional facilities, we have  
10 had much more difficulty.

11 THE CHAIRMAN: What do you attribute  
12 that difficulty to? Have you got a problem here that  
13 we should know about?

14 MR. UPFOLD: The biggest problem seems  
15 that nobody wants to go first. Everyone is interested,  
16 but when you ask for money they want to know who else  
17 is giving money, and it is, sort of, who is going to  
18 put the first dollar in? And that, I think, has been  
19 the biggest problem.

20 DR. LEHMANN: It is not so difficult  
21 to get matching money then?

22 MR. UPFOLD: No. We have had offers  
23 of matching money all over the place.

24 THE CHAIRMAN: Do the people you  
25 approach agree with the value of the activity, the  
26 service, or do they question that to any extent?

27 MR. UPFOLD: We have been questioned  
28 pretty thoroughly by everyone we have approached.  
29 I would say, yes, they agreed quite wholeheartedly  
30 in the principles.



1 THE PUBLIC: It would seem, then, most  
2 of the problem you have would be with chemical drugs.  
3 A previous group up here pointed out that in Missis-  
4 sauga, during the summer when grass and pot -- or, hash,  
5 were hard to get, people went on to LSD and so on,  
6 and they seemed to return to it when grass became  
7 more plentiful in the fall. Would you think that  
8 people with your problem, on speed and acid, would  
9 be on this if there was a supply of marijuana or hash,  
10 or is that an unfair question?

11 MR. CARGO: I think, you know, people  
12 who are regular users of speed and regular users of  
13 acid probably would still be, but there are a lot  
14 of people, well, there were, particularly last summer,  
15 who were what I would call "occasional" users of  
16 acid and speed who probably wouldn't even have tried  
17 it if grass had still been around.

18 THE PUBLIC: So there probably would  
19 be less of a problem in this chemical area if there  
20 would have been grass?

21 MR. CARGO: I think so.

22 THE PUBLIC: In acid, for example, you  
23 seem to indicate the danger is not in the acid itself  
24 but in the impurities. Have you got any ideas on  
25 how you are going to stop the impurities that are  
26 found in acid, like, are you going to publicize, like  
27 the gentleman said?

28 MR. CARGO: If you can publicize it,  
29 then it can't be sold, then it's really not a problem.

30 THE PUBLIC: You feel that is the





1 problem, the impurities, rather than the acid itself?

2 MR. CARGO: I think many of the problems  
3 are.

4 THE CHAIRMAN: Yes?

5 THE PUBLIC: When you run into diffi-  
6 culties getting finances, how do they question you?  
7 Like, do they figure that maybe you are just an  
8 underground group that manufactures speed at McMaster  
9 and want money, or, how do they go into it? Because  
10 nobody questions the R.C.M.P. and they spend a  
11 fortune putting kids in jail, so why do they question  
12 you when you are trying to help people? Like, what  
13 problems are there in an organization like you have?  
14 Like, what do you run into?

15 MR. UPFOLD: We have been questioned  
16 on everything from extremely legitimate questions  
17 on how we are going to run the service so that it  
18 runs efficiently and does some good, all the way to  
19 my political views on the incident at Kent State.  
20 That covers the range of questions.

21 THE PUBLIC: When you can do -- these  
22 people realize after a while, when you are talking  
23 sense, or do you come against some brick walls?

24 MR. LEE: I think we talk as much  
25 nonsense as everybody else, but we all -- I think  
26 there is also -- there is a point, I think, to what  
27 we are trying to achieve, and one of the difficulties,  
28 of course, is, it is such a volatile subject.

29 The second difficulty is that we are  
30 not really in connection with an official body, which



1 is, in my view, one of the strengths, the fact that  
2 it is -- we don't have to deal, necessarily, through  
3 the established channels, and maybe we can move a  
4 little more quickly in some cases.

5 THE PUBLIC: What is, in Hamilton, the  
6 climate towards an organization like you have, or  
7 towards the drug subculture? Is there a general  
8 feeling, or is there a general climate in the city  
9 concerning the subculture that would, perhaps, give  
10 you people more difficulties, or is it just the fact  
11 that, maybe, they don't want to risk giving you the  
12 money?

13 MR. CARGO: There is an awful lot of  
14 sympathy.

15 THE PUBLIC: Is that over poor kids?

16 MR. CARGO: Yes, there is a real  
17 emphasis on rehabilitation, and a little bit of --  
18 we found, you know, most people were a little hesi-  
19 tant to provide some kind of a bandaid service  
20 without follow-up rehabilitation.

21 Most of the social agencies tend to be  
22 fairly conservative, but, you know, that is pretty  
23 the way well/it is in every city.

24 But, I think, you know, we haven't had  
25 any real hassles getting the verbal or moral support,  
26 for anything.

27 THE PUBLIC: Is there any place in  
28 Hamilton right now where you can call to get help  
29 without fear of being arrested, or without the fear  
30 of having to go to a hospital and filling in forms



1 before they will do anything to you, or where a  
2 person who is, maybe just a little upset and on the  
3 verge of breaking out, can talk to somebody besides --  
4 like, say, he is alone and can't get to his friends,  
5 is there any service available to him in the city now?

6 MR. CARGO: We can, if we can get <sup>him</sup> the  
7 room to put in a telephone.

8 MR. LEE: I think the other thing in  
9 connection with that, is that some of the emergency  
10 departments aren't -- the hospitals aren't that bad.  
11 I never know exactly how the really bad reputation  
12 comes, about the hospitals. Although I am sure kids  
13 have been hassled. I have no doubt in that. But,  
14 it seems to be such a pervasive attitude that all  
15 of the hospital staff are rank, and there is going  
16 to be a continuous hassle as soon as you step in.

17 My own experience is that this may be  
18 an overstatement, it may be a generalization, it is  
19 in that too.

20 THE PUBLIC: Have you approached  
21 hospitals, including public relations, in that aspect,  
22 like, saying that it won't be a hassle, it's just to  
23 fix you up when you come there, and are they willing  
24 to, maybe, take a step to do something like that?  
25 Because I feel that a lot of kids get in trouble  
26 because they are really afraid to go and do it, and  
27 then, maybe by the time, like, say, at the beginning,  
28 if they went and got the medical attention, or just  
29 a sympathetic ear from somebody who they thought  
30 was more intelligent than they were and was in a





1 position of authority, and by the time he gets to  
2 the hospital he is in pretty bad shape, because he  
3 is afraid to go in the first place, or they were a  
4 bit nervous about it, like, they didn't know where  
5 to turn and they waited too long, until they had to  
6 be taken to hospital.

7 MR. LEE: It is my understanding that  
8 the hospitals in Hamilton are very concerned about  
9 the image that they have got, which is your point,  
10 I think. And secondly, that they are presently  
11 undertaking a program to look at what provisions can  
12 be made for medical problems around drugs, and  
13 attempting to provide some sort of answers, as well  
14 as improve the reception that kids get when they come.  
15 So, it is happening. Not as quickly as we would like,  
16 the same problems are true on that side as they are  
17 for us. There is a certain amount of resistance to  
18 it.

19 THE PUBLIC: I didn't really think the  
20 hospitals were going to change in a few minutes,  
21 the kids on the street just don't know this. And  
22 I think a lot of people just don't know what the  
23 hospitals are going to do when you go there, so maybe  
24 this is the problem. Maybe there are sympathetic  
25 people there who will help and this is something  
26 that ---

27 DR. LEHMANN: Would hospitals in  
28 Hamilton report drug casualties to the police?

29 MR. CARGO: I think sometimes the  
30 hospitals do it, but usually it is because they don't



1 want to be responsible if anything happens.

2 DR. LEHMANN: Such as what?

3 MR. CARGO: Well, suppose, if a kid  
4 comes in with an overdose and if he happens to die,  
5 then -- at least that is what they say.

6 DR. LEHMANN: That is a medical res-  
7 sponsibility, not of the police.

8 MR. CARGO: Well, that is why they say  
9 they call the police.

10 DR. LEHMANN: Have you questioned that?

11 MR. CARGO: (Affirmative indication)

12 DR. LEHMANN: And that is the answer  
13 you were given?

14 MR. CARGO: (Affirmative indication)

15 MR. UPFOLD: The police don't have to  
16 be called. The R.C.M.P. in Hamilton are impossible  
17 to reach on any level. They do their own thing  
18 and so far, there is nothing that any of us have  
19 been able to do, as far as talking to them.

20 DR. LEHMANN: No, I mean the hospitals.

21 MR. CARGO: I don't think the police  
22 have to be called, but I think a lot of times the  
23 hospitals do, and the reason they give is because  
24 they don't want to be responsible.

25 DR. LEHMANN: I can't understand it,  
26 do you understand it?

27 MR. CARGO: Well, it does not make that  
28 much sense to me either.

29 THE CHAIRMAN: Are there any other  
30 questions? Yes?

|    |   |
|----|---|
| 1  | 1. The first part of the book is devoted to a general survey of the history of the subject. |
| 2  | 2. The second part is devoted to a detailed study of the various theories of the subject.   |
| 3  | 3. The third part is devoted to a study of the various methods of the subject.              |
| 4  | 4. The fourth part is devoted to a study of the various applications of the subject.        |
| 5  | 5. The fifth part is devoted to a study of the various results of the subject.              |
| 6  | 6. The sixth part is devoted to a study of the various problems of the subject.             |
| 7  | 7. The seventh part is devoted to a study of the various questions of the subject.          |
| 8  | 8. The eighth part is devoted to a study of the various issues of the subject.              |
| 9  | 9. The ninth part is devoted to a study of the various topics of the subject.               |
| 10 | 10. The tenth part is devoted to a study of the various subjects of the subject.            |
| 11 | 11. The eleventh part is devoted to a study of the various objects of the subject.          |
| 12 | 12. The twelfth part is devoted to a study of the various elements of the subject.          |
| 13 | 13. The thirteenth part is devoted to a study of the various parts of the subject.          |
| 14 | 14. The fourteenth part is devoted to a study of the various members of the subject.        |
| 15 | 15. The fifteenth part is devoted to a study of the various branches of the subject.        |
| 16 | 16. The sixteenth part is devoted to a study of the various divisions of the subject.       |
| 17 | 17. The seventeenth part is devoted to a study of the various sections of the subject.      |
| 18 | 18. The eighteenth part is devoted to a study of the various chapters of the subject.       |
| 19 | 19. The nineteenth part is devoted to a study of the various volumes of the subject.        |
| 20 | 20. The twentieth part is devoted to a study of the various series of the subject.          |
| 21 | 21. The twenty-first part is devoted to a study of the various sets of the subject.         |
| 22 | 22. The twenty-second part is devoted to a study of the various groups of the subject.      |
| 23 | 23. The twenty-third part is devoted to a study of the various classes of the subject.      |
| 24 | 24. The twenty-fourth part is devoted to a study of the various orders of the subject.      |
| 25 | 25. The twenty-fifth part is devoted to a study of the various families of the subject.     |
| 26 | 26. The twenty-sixth part is devoted to a study of the various genera of the subject.       |
| 27 | 27. The twenty-seventh part is devoted to a study of the various species of the subject.    |
| 28 | 28. The twenty-eighth part is devoted to a study of the various varieties of the subject.   |
| 29 | 29. The twenty-ninth part is devoted to a study of the various forms of the subject.        |
| 30 | 30. The thirtieth part is devoted to a study of the various shapes of the subject.          |
| 31 | 31. The thirty-first part is devoted to a study of the various sizes of the subject.        |
| 32 | 32. The thirty-second part is devoted to a study of the various weights of the subject.     |
| 33 | 33. The thirty-third part is devoted to a study of the various measures of the subject.     |
| 34 | 34. The thirty-fourth part is devoted to a study of the various quantities of the subject.  |
| 35 | 35. The thirty-fifth part is devoted to a study of the various numbers of the subject.      |
| 36 | 36. The thirty-sixth part is devoted to a study of the various figures of the subject.      |
| 37 | 37. The thirty-seventh part is devoted to a study of the various letters of the subject.    |
| 38 | 38. The thirty-eighth part is devoted to a study of the various words of the subject.       |
| 39 | 39. The thirty-ninth part is devoted to a study of the various sentences of the subject.    |
| 40 | 40. The fortieth part is devoted to a study of the various paragraphs of the subject.       |
| 41 | 41. The forty-first part is devoted to a study of the various chapters of the subject.      |
| 42 | 42. The forty-second part is devoted to a study of the various volumes of the subject.      |
| 43 | 43. The forty-third part is devoted to a study of the various series of the subject.        |
| 44 | 44. The forty-fourth part is devoted to a study of the various sets of the subject.         |
| 45 | 45. The forty-fifth part is devoted to a study of the various groups of the subject.        |
| 46 | 46. The forty-sixth part is devoted to a study of the various classes of the subject.       |
| 47 | 47. The forty-seventh part is devoted to a study of the various orders of the subject.      |
| 48 | 48. The forty-eighth part is devoted to a study of the various families of the subject.     |
| 49 | 49. The forty-ninth part is devoted to a study of the various genera of the subject.        |
| 50 | 50. The fiftieth part is devoted to a study of the various species of the subject.          |



1 THE PUBLIC: On that point, is there  
2 any legal requisition that they do report these cases?  
3 I mean, the hospitals do get into touchy situations,  
4 and I wonder if they would be liable if they didn't  
5 report.

6 DR. LEHMANN: The Canadian Medical  
7 Association has stated at one of our hearings that  
8 it is not in accordance with medical ethics to notify  
9 the police.

10 THE PUBLIC: That is the doctors' medical  
11 ethics but what about the hospitals' legal position.  
12 It would be different.

13 MR. CARGO: It is not usually the  
14 doctor that makes the phone call.

15 THE PUBLIC: The doctors are not res-  
16 ponsible for the hospital. Is there any legal posi-  
17 tion that the hospital is in, that they are obliged  
18 to report, do you know?

19 THE CHAIRMAN: No, I don't know of any  
20 legal obligation to report cases of adverse effect.

21 Thank you very much, Mr. Lee, and  
22 gentlemen.

23 MR. LEE: Thank you.

24 THE CHAIRMAN: We call now on Dr. Lynn  
25 MacDonald, the Assistant Professor of Sociology of  
26 the McMaster University.

27 DR. MacDONALD: Well, I want to make a  
28 few remarks, and feel free to interrupt me as we go  
29 along, because I don't have a good brief.

30 What I want to talk about is compulsory



1 treatment, and talk about rehabilitation. It is  
2 unfortunate that the ladies left, that I think were  
3 basically advocating this, because I would like to  
4 oppose practically everything that they had to say,  
5 and I don't think it was kind of them to leave before  
6 I had a chance to speak here.

7                   There are a few points that I want to  
8 make. One is that there are no successful methods  
9 for treating these kids at this present time. That  
10 is -- and if your research turns up anything at the  
11 present time, I would be very much surprised if there  
12 is evidence of successful methods developed, cer-  
13 tainly on a compulsory basis. There has been a  
14 compulsory treatment for heroin for some time, since  
15 the 1920's, so society has had ample opportunity to  
16 discover compulsory methods if they do exist. And  
17 these methods have been enormously unsuccessful,  
18 and they range from estimates to about 15% ---

19                   MR. STEIN: Could I interrupt you,  
20 please, before you go on? What is your definition  
21 of the term, "success"?

22                   DR. MacDONALD: To stop in using the  
23 drug in question, and whatever other problems the  
24 person may have.

25                   And these statistics have been found  
26 mostly in the United States. There have been some  
27 in Britain, very little in Canada, the Maxwell Prison  
28 Hospital of the federal government, I suppose, would  
29 come up with, similarly, no results. The few opti-  
30 mistics signs that have come out of rehabilitation



1 have been on a voluntary basis, and these have not  
2 been--these methods have not been used long enough  
3 to have any complete results either, but, at the  
4 same time, there were no good results earlier, and I  
5 don't know if they are still operating at that same  
6 level.

7                   The treatment for alcoholics, again,  
8 non-professional, voluntary groups of methods, that  
9 shows as good results as anything else, although there  
10 has been some success with other methods there too.  
11 So far professional methods in psychiatry have been  
12 unsuccessful with drug users. So that this whole  
13 idea that we can use a treatment method, that we  
14 could have some kind of law, take drug use out of the  
15 Criminal Code, put it under some sort of Mental Health  
16 Act or Drug Control Act, presupposes that there are  
17 existing methods and there aren't existing methods.  
18 I think the effect of doing this would simply be a  
19 punitive one. It would involve incarceration of  
20 people. A large number of drug users would not submit  
21 to voluntary treatment or to community treatment, and  
22 the same situation would happen as this heroin use,  
23 as in the United States, which started off with voluntary  
24 clinics, and these were not successful, and therefore,  
25 incarceration was used.

26                   You would get the same kind of cycle  
27 here in Canada if you get this procedure for use,  
28 and it would very soon switch to incarceration, and,  
29 needless to say, incarceration of a destructive sort,  
30 the kind of programs that governments are trying now,





1 ordinary things would not be allowed, and other  
2 things, and get the drugs that they want.

3 So, I have very strong moral objections  
4 to this kind of legislation, based on the point of  
5 fact that it is not going to be successful.

6 Now, the advocate of these measures  
7 could say, "Well, perhaps, they will be more success-  
8 ful in the future. What we need is better methods,  
9 more education, and so on." But, I would suggest  
10 that we have good reasons for not even expecting  
11 change in the future. There are certainly theories,  
12 and sociology, which produces (portion unintelligible)  
13 calling somebody, in effect, calling him a person  
14 who needs to be dealt with, taking him outside of  
15 society, and putting him into an institution, that  
16 process which is supposed to start the treatment,  
17 even if it did have, then, something that worked,  
18 <sup>would</sup> you/be working against that treatment by this  
19 process of labelling the offender and cutting him  
20 off from other sources of useful influences.

21 Furthermore, total institutions, prisons  
22 or hospitals, which would be affected, if you had  
23 compulsory treatment, they would create their own  
24 problems. It has been found that all kinds of  
25 institutions, whether they are run by enlightened,  
26 humane people, or by savage people, that their  
27 culture develops within that institution, and where  
28 this has been studied, people who stay under this  
29 influence, depart further from socially accepted  
30 behaviour, rather than become changed in their



1 attitudes and become less conforming in their  
2 attitudes. And so, I would expect this to happen  
3 in the drug institutions as well. It certainly  
4 happens with other kinds of -- it happens with  
5 criminals and people dealt with as criminals, and,  
6 if this was started we would get the same sorts of  
7 problems.

8 Now, there are a lot of problems of  
9 enforcement of this kind of legislation. Obviously,  
10 it could not be enforced on everybody who uses drugs  
11 of some sort, or just too much of the population  
12 would be in an institution of some sort, and obviously,  
13 it would be forced on everybody, and the enforcement  
14 would come in this proportion on the weakest members  
15 of society. And all crime legislation is stringently  
16 enforced in the society, and this would continue with  
17 drug use as you would expect. Now, this is a rather  
18 important point, because the weakest members of  
19 society are the most difficult to treat in situations  
20 where you make an attempt to treat -- for criminals,  
21 for alcoholics, for various -- the weaker they are,  
22 the more difficult it is to treat such a person.  
23 So, the people who had the most problems would be  
24 the people subjected to the treatment, and they would  
25 be the people least likely to benefit from any kind  
26 of compulsory treatment.

27 To run a compulsory treatment program,  
28 you have to realize, as well, that there is something  
29 distinguishing between the people who need to go  
30 into this type of program, and people who don't, and





1 I assume it would be practical that not everybody  
2 could be subjected to it. There must be some method  
3 of separating those who would be subjected to it and  
4 those who are not. When I said "treatment" again,  
5 I meant the successful methods that would be attempted.

6 At the moment, we just do not have  
7 ways to distinguish between people who would benefit  
8 from treatment, or even people who are most likely  
9 to continue using these drugs. We do not have this  
10 information. And supposing some methods are found  
11 to work on some people, what would we do, let off the  
12 people who happen to have a condition that was not  
13 amenable to that kind of treatment? This is not  
14 fair. And so I would say that throughout any kind  
15 of attempt to enforce such a decision -- it is  
16 enormously unfair, and would have very little chance  
17 of achieving its objective.

18 Now, some people have suggested that  
19 these methods should be taken in different ways, and  
20 there should be some experimenting before these  
21 methods have been developed.

22 It was just last week at a conference  
23 to criticize the Ouimet Committee report, and this  
24 was suggested very seriously at this conference, plus  
25 this general treatment business received great con-  
26 sideration there. I think this idea of working  
27 with people on a compulsory basis is morally wrong.  
28 I don't think the State is entitled to this type  
29 of interference, and so far the results say if we  
30 don't have a successful method, experimentation would



1 be the closest we have, and I don't think that is  
2 a good idea.

3 Now, I would suggest further, and much  
4 more strongly, that this goal of the State, being a  
5 rehabilitation agent, is a very unfortunate sort of  
6 goal. I think it is none of the State's business to  
7 rehabilitate people on a compulsory basis, and I  
8 really am very worried by people advocating that this  
9 be done. Every individual case should receive  
10 much more of a priority. This is something -- this  
11 has to be interfered with, but I think our present  
12 system, and the trends are to a much greater State  
13 interference, and I think this is a very dangerous  
14 trend, and all this talk about drug use -- of  
15 having a rehabilitation agency, is very unfortunate.

16 I think money should be devoted to  
17 supporting voluntary efforts.

18 MR. STEIN: I was just about to ask  
19 you, do you think that the State should make any  
20 money available, or any programs available? In effect,  
21 what is your view of the position, if people want  
22 to use drugs it is their own business, and if they  
23 get fouled up with them, that is also their business,  
24 and there is no real reason for the State to take  
25 any stand here, it is ---

26 DR. MacDONALD: I think it would be  
27 the responsibility of the State then to support  
28 voluntary efforts because many people do have a number  
29 of problems with drug use, of various sorts, but I  
30 don't think it is entitled to do this on a compulsory



1 basis. And, in a sense, I do agree, basically, with  
2 the idea that it is none of the State's business,  
3 except that people who are impaired in any way, I  
4 don't think they should be able to drive, and so on.  
5 And there are limitations to that. You know, people  
6 are basically hurting themselves, but they can be  
7 hurting other people.

8 MR. STEIN: To take this voluntary  
9 concept for a minute, in programs like Cinenon, or  
10 other offshoots of this that have developed, the  
11 concept -- one of the concepts in the program is that  
12 no one -- it is a voluntary business if you go there  
13 for help, but no one can be part of the community  
14 unless they are prepared to take certain -- well, to  
15 be a part of the responsible community, in effect,  
16 to take on certain responsibilities, and if they  
17 don't agree to this, then they are thrown out by this (in-  
18 audible) What is your view on that?

19 DR. MacDONALD: This is a voluntary  
20 community, and we will see what this approach is  
21 in the long run, but there is no comparison at the  
22 State level -- the State to throw somebody out, is,  
23 you know, the person -- where do you throw them, you  
24 can throw them out (portion inaudible). In fact,  
25 what they do is put them away somewhere, and I disagree  
26 with that, when you talk of a level of a closed  
27 society, or a private organization

28 DR. LEHMANN: Could you conceive of a  
29 condition where, if someone is so deprived of his  
30 reasoning temporarily that he may resist any idea of





1 getting treatment, that if he were given such  
2 treatment later, within a few weeks, perhaps, he  
3 might be very thankful that steps were taken?

4 DR. MacDONALD: Indeed, this may be  
5 the case, but I really have not heard of this,  
6 where this has been seen with heroin users, you  
7 know, where compulsory treatment has been used on  
8 heroin users for a long time, and I am certainly  
9 not aware of heroin users saying they have been very  
10 grateful. Now, maybe speed users will be different,  
11 but I doubt that.

12 DR. LEHMANN: So, you don't make a  
13 general statement, you refer it specifically to heroin?

14 DR. MacDONALD: I say I am prepared to  
15 infer from heroin, because we have a lot of evidence  
16 from that. We don't have it from speed. But, I am  
17 not prepared to -- I don't think one can justify  
18 compulsory treatment of speed users on the grounds  
19 that it might do them some good, when we know that a  
20 similar group of people, that is, users of a very  
21 dangerous drug -- well, dangerous for their careers,  
22 certainly have not responded in that way.

23 MR. STEIN: Are you making the flat  
24 statement that you think -- that it is your view  
25 that this can never be of -- your definition of  
26 success -- compulsory treatment can never be success-  
27 ful with heroin users, or are you saying, in a vast  
28 majority of cases, it is unlikely?

29 DR. MacDONALD: Well, I could never say  
30 that it could never be, because that is knowledge that



1 I don't have, but I would say a variety of methods  
2 have been tried for decades now, and all of them  
3 have been unsuccessful. I have never seen any  
4 research on -- and I have looked for/<sup>it</sup>systematically,  
5 and I think, and I say there are theoretical reasons,  
6 and I say that theories may be wrong, and indeed,  
7 there have not been real tests there at all which  
8 suggest that this very process of putting people in  
9 an institution and labelling them, which are somewhat  
10 different processes, but both of these processes  
11 produce the results they are not supposed to produce.

12 MR. STEIN: In the way of just sharing  
13 a piece of information with you, that might have some  
14 bearing on this, in Vancouver, not too long ago, I was  
15 approached by a number of people who were heroin  
16 users that I had known through my previous employment  
17 in parole work, who were no longer users and who had  
18 been through the penitentiary and parole situation,  
19 and their comment to me was something along these  
20 lines: "Very few of us can profit from this experience  
21 and cease to use heroin. But for those few who can,"--  
22 this was the way it was put, and it was accepted,  
23 very few -- "don't eliminate the possibility of  
24 reaching those few of us with this sytem, because  
25 nothing else would have worked if I wasn't forced  
26 to take a five year vacation in a penitentiary."  
27 And the position that was being put forward was  
28 further defended as a minority position, "We are a  
29 minority and our rights need to be protected." And  
30 it was further said, "at the cost of the majority of





1 people who may not profit from this." Do you follow?

2 DR. MacDONALD: People may feel there  
3 was no other way they could be helped, but there are  
4 people who stop using everything, you know, by them-  
5 selves, and this happens. People do change in their  
6 habits, and I would like to know how many of those  
7 people there were.

8 MR. STEIN: A small number.

9 DR. MacDONALD: There may have been  
10 people who may have stopped without anything being  
11 done to them whatsoever.

12 MR. STEIN: I was only bringing it up  
13 to clarify whether you were saying there were no  
14 instances when individuals had been able to move away  
15 from the use of heroin, and there are, in my experience,  
16 a few.

17 DR. MacDONALD: There may be some, but  
18 I would say there are probably others where compulsory  
19 treatment has increased the danger, and there are  
20 overdoses in prisons, and there are other sorts of  
21 problems as well, and you would have to -- I suspect  
22 these few would not make up for the other problems  
23 which ---

24 MR. STEIN: I take it you would not  
25 agree with the argument put forward to me, "We  
26 recognize we are a tiny minority, but the State should  
27 look out for us," in effect, "protect us from ourselves."

28 DR. MacDONALD: The fact -- I don't  
29 believe the majority should be able to run everything  
30 without respect to minorities, but I think very



1 repressive legislation that may benefit a few, is  
2 wrong.

3 THE PUBLIC: Have you considered the  
4 difference between -- like, heroin and speed, for  
5 instance, that heroin actually has a very long term  
6 effect, and really there would be no noticeable  
7 change over five or ten years, whereas speed -- you  
8 can die from speed very relatively quickly. And  
9 therefore, wouldn't some of these measures be more  
10 effective to speed freaks rather than heroin users?

11 DR. MacDONALD: There might be, in  
12 speed -- there may be an exception to what I am  
13 saying, but I am still not so sure, and I think a  
14 lot would have to be compulsory. And, okay, so you  
15 have your institution, you have all the security  
16 precautions that you can make, and the federal  
17 government is getting better and better at building  
18 large, very inhumane, institutions, and no doubt,  
19 the next time they build one, it will even be more  
20 that way than the last, but there are still some  
21 people who will use speed in the prison.

22 THE PUBLIC: I understand the problem  
23 there. Are you suggesting, then, that the government  
24 might try embarking on a smaller sized type ---

25 DR. MacDONALD: No, I am not at all.  
26 I would like to see more of the voluntary efforts  
27 studied, and if they have any kind of success at all,  
28 I think they should continue to get support. But,  
29 smaller institutions have been tried, you know, a  
30 variety have been tried, and the smaller ones aren't



1 really any better than the large ones.

2 THE PUBLIC: How about just mass  
3 education on sort of a -- flood the general public  
4 with information?

5 DR. MacDONALD: Mass education hasn't  
6 been very helpful for stopping people from doing what  
7 they want to do. I don't really see that people are  
8 going to -- or maybe, it should be -- it is a fairly  
9 harmless thing to do, so perhaps it should be tried.  
10 Some of these other things which have been suggested,  
11 could have very harmful effects.

12 THE PUBLIC: I feel -- like, a lot of  
13 people on speed -- and really didn't understand the  
14 consequences, because it has really only become  
15 popular in the last couple of years, and as more  
16 people begin dying from it, I think they will have to --  
17 maybe they will realize they are going to die, them-  
18 selves.

19 DR. MacDONALD: I am thinking, like,  
20 alcohol, discussion programs and so on, and the mass  
21 education on smoking and so on was not -- has not been  
22 successful.

23 There are a couple of other points  
24 I would like to make. One thing that I think is very  
25 dangerous about the proposal of some kind of  
26 compulsory control, is that it then centres a  
27 question as to what should be done with the indi-  
28 vidual and what the individual is supposed to need,  
29 and various experts are supposed to know what the  
30 individual needs, and this allows an enormous amount





1 of abuse. There has been an enormous amount of  
2 abuse in the case of juvenile courts, in the case of  
3 dealing with ordinary criminal offenders, and I sus-  
4 pect it will happen with drug offenders as well.  
5 People in a community have some kind of moral notion  
6 as to what is too much to do to someone, you know,  
7 it's too much to send a person to jail for this, or a  
8 person should get ten years for that, and people can  
9 discuss these things, and studies have been done which  
10 showed that on the ordinary crimes there is a fair  
11 amount of community agreement as to what should be done  
12 to people who do these various things, and this can  
13 exist as a control over the amount of influence that  
14 the State exerts over people's lives.

15 If you change that to an individual, then  
16 you lose this control over the State, and you have some  
17 sort of expert deciding, and an individual who is  
18 the victim, who is the subject of the proceedings,  
19 has no really good way to figut back, because it has  
20 been done in this best interests, and so he doesn't  
21 have nay sympathy. Okay, he could bring in his own  
22 experts or the State's experts who usually know  
23 more than other people. It is very, very hard to  
24 fight this, you know, "We are doing things in your  
25 best interest, and we know what is actually needed".

26 Furthermore, it means effectively  
27 punishing a person for something that they have not  
28 yet done, and I think this is a very dangerous thing  
29 to do. It means that a person is supposed to be  
30 the most likely offender in the future, in other words,



1 he is likely to be committing more drug offences,  
2 and I think this is a dangerous thing, when you start  
3 to punish people for something they have not yet  
4 done and may do. And again, the prediction is such  
5 where we may be picking on the wrong people.

6 Another difficulty with this is, it  
7 would create a new bureaucracy and bureaucracies  
8 have, you know, a long life span whether they are  
9 effective or not. If a bureaucracy is ineffective  
10 that's no way of stopping it from going out of  
11 business, indeed, ineffective bureaucracies tend to  
12 expand. Like, if they are unsuccessful, then more  
13 offenders are created and they need a bigger budget  
14 to deal with them, and they become more important  
15 experts, and they go to more conferences at the World  
16 Health Organization.

17 The social problem field -- the less  
18 competent a person is, the greater the expert he  
19 appears to be, because of the greater staff he has  
20 as a result of his mistakes.

21 DR. LEHMANN: May I interrupt?

22 DR. MacDONALD: Yes.

23 DR. LEHMANN: How do you feel about quarantine  
24 legislation where someone may be a typhoid carrier  
25 or potential smallpox carrier, where he hasn't really  
26 affected anyone and yet he may be punished for  
27 carrying it, for four weeks or so?

28 DR. MacDONALD: I think the distinction  
29 there is, the person could certainly be dangerous  
30 to other people and, well, you could say the drug





1 offender is not just a victim himself, he is not his  
2 own victim, he could create other victims; I think  
3 there is some kind of distinction that could be  
4 made. However, I will agree that a person who uses  
5 drugs does have effects on other people, that he is  
6 not entirely isolated, but the person that has some  
7 kind of communicable disease is, you know, we have  
8 reason to believe that he would be very dangerous.

9 DR. LEHMANN: Well, suppose that -- and  
10 we have good reason to believe that it is very  
11 probable, that a certain person, because of his  
12 history, speed, for instance, will use his motor-  
13 cycle at such great speed that he will be a danger  
14 to society, and that is pretty well established as  
15 probability, will you then hold that some sort of  
16 preventive control might be indicated, or what?

17 DR. MacDONALD: I don't think people  
18 are entitled to race motorcycles on the highway  
19 anyway, if they are dangerous. If a person has  
20 shown that he is dangerous, then, presumably, he  
21 should lose his licence, and if <sup>he</sup> went out and drove  
22 again, then he could be dealt with under the traffic  
23 legislation.

24 DR. LEHMANN: No, he would very likely  
25 drive without a licence. The point is, would you  
26 consider it acceptable, that under certain conditions  
27 one would say, "Well", -- somebody would say, the  
28 expert would say, "He has a high probability, that  
29 damage to society could be done by this individual,  
30 and therefore we are retaining him." And he may be



1 someone who will take great precautions and may not  
2 affect anyone, but they will say, "Well, there is a  
3 chance."

4 DR. MacDONALD: You are referring to  
5 a very high probability. Now, even murder, for  
6 offenders, the estimates for who are the dangerous  
7 group of people, for committing a violent crime,  
8 they are so inaccurate that you have to put 150  
9 people in prison to cover yourself, you know. And,  
10 I think that that is the case <sup>of</sup> a much narrower  
11 <sup>someone</sup> sort of harm, is going to be killing somebody, and  
12 the chances of having high probability convictions  
13 for other things are just not something that is  
14 going to happen in this century.

15 DR. LEHMANN: They are not as good as  
16 for infectious diseases?

17 DR. MacDONALD: Well, I don't know  
18 what it is for infectious diseases, but, in any event,  
19 the penalty is much less. One does get out of  
20 quarantine and it's over. Whereas, otherwise, it  
21 could be the rest of your life.

22 THE PUBLIC: With your typhoid allegory  
23 there, if the person is suspected of, say, carrying  
24 the typhoid germ, if he went out and took every  
25 precaution that he could <sup>of course</sup> do to prevent that  
26 from being spread, it still isn't in his hands  
27 whether it is spread or not. He could lock himself  
28 in his room for four weeks, and perhaps somebody  
29 could come in the door to bring him a newspaper, or  
30 something like that, and that person could get it and



1 carry it to the rest of the city. And I don't think  
2 you could really equate that with, say, the dangers  
3 of a speed freak or heroin addict who won't be taking  
4 his punitive rehabilitation system; whether you let  
5 him back into the society, I don't think you could  
6 use that allegory in that way. Perhaps, with  
7 his own voluntary type of rehabilitation program,  
8 there would be more success on that same level of  
9 not hurting anyone else as the infectious disease  
10 carrier trying not to hurt anyone else.

11 I think the heroin addict could do  
12 less to protect everybody and, affect, less people  
13 than the typhoid carrier who would be doing as much  
14 as possible, and still, perhaps, have the same degree  
15 of danger about him in that respect.

16 THE CHAIRMAN: Any other questions or  
17 observations at this time?

18 Yes?

19 THE PUBLIC: I would like to know; you  
20 have given us a negative outlook, do you personally  
21 have any observations or any thoughts of any solutions  
22 at all?

23 DR. MacDONALD: No, I don't have very  
24 much at all, though I may after more research on it,  
25 but I think doing less than making/health legislation.

26 THE PUBLIC: What is your opinion of  
27 methadone -- the lesser of two evils, type of thing?

28 DR. MacDONALD: Yes. I really wouldn't  
29 care to say. I think it is such an enormously  
30 complicated thing.





1 THE PUBLIC: Would you like to see  
2 heroin as a prescription drug, where they should  
3 bring the price down and cut out the crime and knock  
4 off a large percentage of organized crimes. And then,  
5 since most of the anti-social behaviour of the heroin  
6 addict, which he goes through because he needs to  
7 steal to support his habit; he needs this to support  
8 his habit, and generally, the heroin addict is not  
9 in the position where he is making \$35,000 a year.  
10 Could you see any possibility in letting him do it,  
11 <sup>W.E.</sup> letting him go on with voluntary withdrawal, or  
12 voluntary rehabilitation, but just letting him have  
13 it for a few cents a day instead of \$60.00 or \$70.00  
14 which is all our punitive legislation is doing now;  
15 opening up a vast market for organized crime. And it  
16 is, in fact, creating the criminals we have got now  
17 because generally, a heroin addict does not want to  
18 steal, or he doesn't -- the woman doesn't want to  
19 prostitute herself, because of what they have gotten  
20 themselves into, which can't be helped now. There is  
21 no use crying after spilled milk, you have to deal  
22 with it right there, at the immediate circumstances.

23 And, or, if you could submit, like, a  
24 methadone type drug, for these people, and have it  
25 as a prescription drug, say, that methadone is a  
26 prescription drug, with no rehabilitation strings  
27 attached, and maybe heroin as a prescription drug  
28 would certainly, voluntary -- say, not with strings  
29 attached, but, say, a phone number to phone in, and  
30 meetings to go to. Basically, right now, say, with



1 the heroin problem, that is the only answer that  
2 I can see that would make any sense -- is to  
3 legalize it, and treat everyone as an individual  
4 and not as a threat to society. Because the reason  
5 the heroin addict is a threat, in the definite  
6 threat sample, is because he needs a lot more money  
7 than he can honestly earn.

8 THE CHAIRMAN: Gentleman over there?

9 THE PUBLIC: It is all right, I have  
10 nothing to say.

11 THE PUBLIC: Do you think, possibly,  
12 the reason why you cannot state anything positive  
13 is that the whole problem is being attacked in the  
14 wrong direction. For example, the State sees the  
15 problem and therefore, makes a Commission and decide  
16 to treat the symptom, which is drug abuse, and  
17 neglects the fact that people are escaping reality  
18 because reality is so ugly. And rather than make  
19 reality more beautiful, they try and convince them  
20 to not escape to a non-reality. Don't you think the  
21 State should stop doing what it's doing and making it  
22 a better world to live in, so that we who are using  
23 drugs have a life span to look forward to of more  
24 than, maybe, fifteen, twenty years?

25 DR. MacDONALD: I don't really have  
26 much optimism in the State making any of these changes,  
27 and I'm not really impressed -- I think governments  
28 could be doing a lot more than they are -- that our  
29 present government is, on the whole, very unresponsive,  
30 but I think that this is going to change. You might





1 want to argue that the government should be more  
2 repressive and stimulate a much stronger reaction,  
3 which, I suppose, is what is happening in the United  
4 States, and there has been a great social change,  
5 and a much more meaningful life for people there.

6 But people who want to have something  
7 to live for, I think there are opportunities and  
8 there are things people can do instead of trying  
9 to change society, but not waiting for the govern-  
10 ment to change things, because that would be long.

11 THE PUBLIC: Well, the way it is now,  
12 if you look at things realistically, because most  
13 people nowadays are not doing it, and that is why  
14 they have to escape to drugs. If you look at things  
15 realistically, you will realize that man is  
16 approaching extinction very rapidly, so what the hell  
17 difference does it make if I should decide to go in two  
18 years on "meth", or wait fifteen years and die from  
19 pollution?

20 DR. MacDONALD: There is one other  
21 alternative, and that is to fight, and I don't mean  
22 fight physically.

23 THE PUBLIC: But that is what it will  
24 come to, definitely. It will have to lead to  
25 violence if the State, as you have stated, is so  
26 slow to change.

27 DR. MacDONALD: Yes, I agree it would  
28 have to come to violence in that case, but I don't  
29 think that our government, or any other governments  
30 we are about to have, would be pushed to violence.



1 I think the Canadian society is still one that can  
2 be changed by other sorts of pressures. And I do  
3 mean pressure -- I mean, non-violent pressure, but  
4 I mean pressures that are currently against the law,  
5 currently require police permits, or currently are  
6 put down by society.

7 THE PUBLIC: Well, then, would you, at  
8 least, accept the fact that it should be a personal  
9 choice, when people are faced with disaster, which  
10 way they want to go -- whether they want to fight  
11 or they want to enjoy what they can salvage from it?

12 DR. MacDONALD: Oh yes. I would  
13 advocate the legalization of drug use, but I am  
14 talking about, here -- I think it is more dangerous  
15 to put drug use under some other kind of legislation.  
16 I would rather have it stay plainly criminal, than  
17 be deceptive and put it under some other sort of  
18 legislation, and come out with more harmful results.  
19 It is not because I want it as a crime at all, but  
20 I think to treat it as a disease and use the old  
21 health model, which is corruptive by its very  
22 nature, I don't think that it should be treated as  
23 a health problem. And this whole movement to  
24 treatment, has been that kind of orderly crime,  
25 it has been a move in the orderly system to  
26 rehabilitation instead of punitiveness, and the  
27 result has been longer sentences. Some of these  
28 people ended up with longer sentences and no lesser  
29 severity at all, because the rehabilitation deceives  
30 people to think that things are very cosy and very



1 nice, and allows the person much more to go on --  
2 because more progressive people are more punitive  
3 in this respect, and it is not simply being punitive,  
4 but more treatment-oriented people, the magistrates,  
5 the judges, and that sort, they sentence people to  
6 longer than people who are less progressive. And so  
7 I would rather take the old, less progressive Criminal  
8 Code than allow this kind of deception to be accepted.

9 MR. STEIN: Could I ask you a question:  
10 if an individual decides along the lines of your  
11 two options, say, that they have decided to use  
12 methedrine, or whatever it is, do you think that  
13 he forfeits his right to expect the State or anyone  
14 else to do anything else about the ugliness of the  
15 world? In other words, if he makes his choice  
16 personally to, say, ---

17 THE PUBLIC: If he makes the choice,  
18 I would say that, usually, he has voluntarily for-  
19 feited that right, by realizing that the State will  
20 not do anything about it.

21 MR. STEIN: So that he no longer, then,  
22 has the right in your estimation?

23 THE PUBLIC: He has no confidence.

24 MR. STEIN: Well, all right, you  
25 answered the question; in effect, I think you try  
26 to have it two ways, that he doesn't have the right  
27 but still is disappointed that the State has not  
28 responded.

29 THE PUBLIC: No, I believe that as  
30 a human being born onto this earth, society, or what-





1 ever it was, we were here, we were put here, and  
2 I believe that we have the right that you leave us  
3 enough that we can survive. But, I don't have the  
4 confidence that you are going to do that, so I have  
5 the choice of escaping or fighting.

6 MR. STEIN: When you say, "you", who is  
7 "you"?

8 THE PUBLIC: I am talking about me,  
9 or, say, you, or, okay; on one side there is the  
10 youth, the people that are making the revolution,  
11 on the other side there is the Establishment. There  
12 are the polluters, the industrial-military complex,  
13 there is the economic organization of our country,  
14 and a million things going wrong. And those are the  
15 perpetrators of those things.

16 MR. STEIN: Is all truth and righteous-  
17 ness and goodness on one side, and all evil on the  
18 other side?

19 THE PUBLIC: No. But, we are perpet-  
20 rating, primarily, we are perpetrating wrongs upon  
21 ourselves, which we have the right to do. You do  
22 not have the right to remove our earth from under  
23 our feet.

24 MR. STEIN: Again, I say, when you say,  
25 "you" do not have the right?

26 THE PUBLIC: Well, I am considering you  
27 as a member of that Commission as the perpetrators  
28 of this thing, because this Commission is putting  
29 a sham towards the people that the government is  
30 dealing with the problem, when it is not dealing. It



1 is dealing with the symptom.

2 THE CHAIRMAN: When you say we don't  
3 have the right to remove the earth from under your  
4 feet, who is contributing to pollution? Are you  
5 not involved in the human demands that we are making  
6 upon our natural environment?

7 THE PUBLIC: I am trying to organize  
8 my life at this time, and people are trying to  
9 organize -- a number of us are trying to organize  
10 things so that we do not -- we decrease our demand.  
11 We do not buy new cars, we do not require super  
12 highways, we do not require beautiful buildings for  
13 our education, and things like that. We are trying  
14 to make it realized to people that this is not what  
15 we want.

16 THE CHAIRMAN: What happens when you  
17 fill a room with smoke -- when you light up?

18 THE PUBLIC: How much pollution do you  
19 think dope smoking is causing? It is causing very  
20 little. I don't think it is a big problem, and plus,  
21 it's a natural weed, so if it's going to burn, then  
22 okay. I would say that the South African government  
23 has made more pollution from burning marijuana, and  
24 the American government, in order to get rid of it  
25 so people can't smoke it in rooms, than all of us  
26 who have been smoking it have ever done. And plus,  
27 you have the option to leave the room. You don't  
28 have the option to leave the planet.

29 DR. LEHMANN: I was just wondering how  
30 consistent you really are. You don't buy any new





1 cars, but you run the old one, I understand, and you  
2 won't use oil heating, or coal?

3 THE PUBLIC: Now you are getting to  
4 a thing where it is a matter of, if a person wants  
5 to do something, what can he do? Okay. Now,  
6 personally, I have this desire to do something. Now,  
7 I still need certain things to survive, so I am  
8 cutting down as much as I can. I am trying. It is  
9 a hell of a problem; it is hard to decide. Like,  
10 personally, you run into the fact I am student, I have  
11 to work, I have to go to Stelco, my parents live a  
12 long way away, so I have to have a car. Right now  
13 I don't have a car and I am trying to juggle the two.  
14 I may have to get a car. But, things should be  
15 organized on the macro level, so that I can have a  
16 public transit system that will not pollute the  
17 atmosphere so that I can get to that job. I should  
18 be able to get a job that will not require me to  
19 produce pollution, to destroy the city I am living in.

20 DR. LEHMANN: I see.

21 THE CHAIRMAN: Lady at the microphone?

22 THE PUBLIC: To answer some of the  
23 things you have said, in the first place, part of  
24 this pollution is just straight numbers. I mean,  
25 there are getting to be too many people in the world,  
26 and you can't blame any one group, or any one country  
27 for this problem. So that is an answer that we all  
28 have to seek together. And, as for turning out  
29 government, and any form of what you call, the "Estab-  
30 blishment", we have all come through the same set of



1 problems, and we have all, sort of, tried to find  
2 individual answers.

3 Now, my personal answer is, that there  
4 are areas in the world that you can enjoy. There are  
5 things that you can do; you can't agree with everything,  
6 but there is a third answer, you don't have to be  
7 either part of the Establishment, or part of the non-  
8 Establishment; you can find a middle-road to deal  
9 with government and to deal with the Establishment.  
10 And there are a lot of factors they have to answer to  
11 and a lot of different demands that they have to  
12 answer to, and although they are slow, and although  
13 they are, in many cases, bureaucratic, they still have  
14 their hang-ups in accommodating all the people that  
15 exist in one country. Does that make any sense?

16 THE PUBLIC: I realize that population  
17 is a difficulty, I realize that administrators in  
18 the government have a hard time operating so that  
19 things will be reformed, but still, I do not have the  
20 same set of problems as you had, because you were  
21 permitted to produce and consume to your maximum  
22 ability while you survived, and you were permitted  
23 to live your natural life span on this earth. I am  
24 not going to be permitted to do that the way things  
25 look now. It is a totally different problem.

26 THE PUBLIC: I was over in England  
27 when the bombs were falling, and my generation at  
28 that point figured that they had maybe a week, maybe  
29 a day, maybe a month to live. We were faced with that.  
30 We were <sup>at first</sup> (faced) that we were not going to see our





1 families again, we weren't going to see our husbands  
2 again. So, in a way, it was more immediate.

3 THE PUBLIC: But the bomb is a little  
4 different, it is pick and choose. If it kills three  
5 out of four, you have still got the chance that you  
6 will be the fourth. But, this isn't going to choose.  
7 We are all going.

8 THE PUBLIC: We are still confronted  
9 with this too, we are still talking about it.

10 THE PUBLIC: You have had your past,  
11 you have had your life, but, whereas, me, I have  
12 twenty years that I have had so far. I could live  
13 to maybe, another fifteen. I can't look to the fact  
14 of having children because it is ridiculous. I have  
15 almost come to the conclusion that the production  
16 of the human race has stolen my joy of fatherhood  
17 because, if I were to have children, then I am going  
18 to increase the population of the earth, which is  
19 already -- they estimate four times what the earth  
20 is permanently capable of holding, so it is ridiculous.  
21 It would be a crime for me to be a father. And I  
22 think that is a crime perpetrated on me too, because  
23 I very much wanted to have that.

24 THE PUBLIC: Well, I guess I am a little  
25 more hopeful. I hope <sup>they</sup> will find some answers  
26 and it isn't quite as definite as you make it.

27 THE PUBLIC: If you look at the problem,  
28 and read the problem, you will find out the answers  
29 are going to have to come damn fast, and they are  
30 going to have to be very big because the problems are





1 really big.

2 THE PUBLIC: I agree.

3 I would like to ask you a question.

4 I wasn't quite sure from your statement, whether you  
5 would make any differentiation in the laws regarding  
6 marijuana and the other drugs. You say you would  
7 rather see them stay the way they are than be changed.  
8 Would you not ---

9 DR. MacDONALD: No, I didn't say that.  
10 I said I would sooner see, if they are going to be  
11 prohibited, I would sooner see the legislation, not  
12 under some separate legislation.

13 THE PUBLIC: You would not want to see  
14 marijuana under something like -- not that it would  
15 come under the Criminal Code or that a person who  
16 used it would be prosecuted, but still not actually  
17 legalized?

18 DR. MacDONALD: I would like to see  
19 marijuana legalized, and I am very worried about  
20 putting it under some other legislation which would  
21 allow treatment institutions to be built, which I  
22 think would have a very unfortunate effect.

23 THE PUBLIC: Would you want the other  
24 drugs to be legalized too?

25 DR. MacDONALD: Well, hash, yes. How  
26 far to draw the drug line, I don't know. I think  
27 it is very difficult to say.

28 THE PUBLIC: Thank you.

29 DR. MacDONALD: Thank you.

30 MR. STEIN: One last question. Given



1 your sense or urgency about the need for something  
2 to be done very quickly, and a responsive government  
3 having to be much more relevant, do you, personally,  
4 get involved in any way, in supporting or seeking to  
5 get into office, into the present political offices,  
6 people who share your particular urgency, or concern?

7 THE PUBLIC: I am not even old enough  
8 to vote.

9 MR. STEIN: I didn't say whether you  
10 could vote or not. I said, do you get involved in  
11 any ---

12 THE PUBLIC: I tell you, for one thing,  
13 I have yet to see a political party come up with  
14 a viable ecological platform. No political party  
15 has done it. Trudeau has been in for two years and  
16 all he has done is extend our boundaries; little  
17 piddly things. Plus the fact that I think Canada  
18 is irrelevant because we are on the North American  
19 continent and the United States is polluting that  
20 continent, and until we destroy that monolith, we  
21 have had it. And that is about it, we have had it.  
22 I am slowly reaching that conclusion.

23 MR. STEIN: What I was really asking  
24 is, is there any point of involvement in the present  
25 political processes? And from your answer you are  
26 saying, really, no. So, you pretty well ---

27 THE PUBLIC: I tell you, logically,  
28 I cannot see any answer. But hope springs eternal,  
29 you know, if I see anybody who presents any sort  
30 of policy that would be significantly relevant, I would





1 throw my whole weight behind him, and I think our  
2 whole movement would do the same thing. And I think  
3 that, possibly, a lot of drug abuse might end if we  
4 had things to look at beautiful in the real world,  
5 if we had this hope in the real world, it might make  
6 a lot of difference.

7 THE CHAIRMAN: Yes?

8 THE PUBLIC: You were talking about  
9 involvement, and there are a lot of people, I think,  
10 who would want to get, like, involved in a govern-  
11 ment type of thing, especially, like, with getting  
12 some intelligence in our drug laws, and intelligence  
13 in what we are doing to ourselves. But, how easy is  
14 that to do in the government? Like, could a person  
15 go in there -- I have had it done to me, like, not  
16 in government, but just things in the city, or even  
17 my friends, or when I was in school, I would be really  
18 up for something and get stepped on so much that by  
19 the end, I had little left to fight with. And, maybe,  
20 a stronger person than I could do that, but it seems  
21 that, you know, I think I am bright, and you rationalize  
22 it, and you think back, and you figure out that  
23 morally, I know I am right, nobody can tell me I am  
24 wrong, and like, "Can't you see it", and they don't  
25 see it because of some, either bureaucratic methods  
26 in the way it operates or, perhaps, they don't want  
27 somebody going in there and moving so fast. And I  
28 think this is why people are losing faith, because  
29 I can see the problem, he can see the problem, but  
30 we imagine the people in government, who are supposedly



1 more intelligent than we are, can see the problem,  
2 but what really is being done with the problem?

3 I wear boots because I can't see  
4 spending \$30.00 on a pair of shoes that will wear out  
5 in six months, and somebody is going to have to  
6 produce the shoes, and that creates the pollution.  
7 I wear blue jeans because they are cheap, I don't  
8 have to spend as much money, and they last longer.  
9 I won't have to keep buying. The same with the  
10 jacket, and same with the sweater. And I am doing  
11 my own little thing, and I imagine he is doing his,  
12 and a lot of people are doing theirs, and we are just  
13 waiting for somebody to come along and say, "Hey,  
14 that's a good idea." And, somebody to get moving  
15 some place, whether it is in our ecological situation,  
16 or whether it is, as we are mainly concerned here  
17 today, the drug abuse.

18 And a lot of people really don't,  
19 either with drugs, that they start using the drugs  
20 because they are so upset with everything else the  
21 government and the authority has done, that they  
22 decide, "Well, if they tell me it is wrong, I am  
23 going to do it, because it is probably right." And,  
24 maybe, we have got to this point where a lot of  
25 people aren't using any logic at all; why they are  
26 taking drugs, they are just doing it because somebody  
27 else says it is wrong, and they don't like the person  
28 who says it is wrong. As, like, in that type of  
29 rebellion. And, until we get more communication in,  
30 even more panels like this, this is better than nothing,





1 until we get more panels like this, and more intel-  
2 ligent discussions, and until the ladies that left  
3 stay and hear everything instead of coming, presenting  
4 their brief, and leaving, then nothing is going to  
5 work. They came and they presented it, but they  
6 couldn't really be all that concerned if they didn't  
7 stay, because they came here, and I admit, it is a  
8 great problem, and they probably realized it was a  
9 great problem, but they realized it only so far, "I  
10 have come here, and I have done my part, and I feel  
11 good, and I will go home and I will feel really  
12 good for two weeks." But they didn't stay very long,  
13 and I doubt if they will be back tomorrow. And  
14 this is the thing that we are looking at, and saying  
15 that this is the thing that, you know, we don't like.  
16 And maybe taking drugs is a way of saying, "Well,  
17 listen, you, I don't like it and I will do it even  
18 though you say it is no good for me, because you were  
19 not showing, really, what I expect a human being  
20 to show, you are not showing the consideration.

21 And there is another platform for the  
22 people who take drugs, to stand on, right there.  
23 And, as long as we have people who say, "I've got  
24 the ideas," and accuse you people of splitting hairs  
25 when she was splitting hairs, and answering questions  
26 with rhetoric and more questions, then we really  
27 can't expect to get anything done. And this is the  
28 problem we have got right now.

29 And I would like to ask, "How  
30 does Hamilton shape up with participation, and people





1 coming, as in the other cities?"

2 THE CHAIRMAN: Well, I think it con-  
3 firmed what I said at the beginning of the day, that  
4 at each place, we have not only found the different  
5 sort of local experience and response, but we have  
6 had new light thrown on particular facets. For example,  
7 I think this is the first most comprehensive statement  
8 we have received on the subject of compulsory treat-  
9 ment which is an issue with which we are very con-  
10 cerned, to understand and come to a wise judgment on.  
11 I think that we have heard, probably, although we  
12 have gone to over twenty cities, probably the most  
13 articulate statement of the concern about the environ-  
14 mental problem in Canada, and perhaps, speaking  
15 personally, I guess I have never had it brought home  
16 to me; we have heard this, we have heard young people  
17 say, "We don't expect to live to be forty," we  
18 have heard this, and it has gradually grown on us,  
19 in our consciousness, but it is very difficult for  
20 those of us, as was said, who have had a lot of life  
21 to really credit this. And I think, today, probably,  
22 speaking for myself, it has been brought home to me  
23 with a new kind of force; the concern and the resent-  
24 ment, the deep resentment, not only of the predicament  
25 of the generation that is shortchanged by the predi-  
26 cament, but of the deep resentment at what appears to  
27 be the lack of ability to respond seriously, inter-  
28 national; national or international. I mention these,  
29 I mean, usually, we don't give this account of our-  
30 selves at the end of a hearing, but I think I must



1 respond to your question, and these are only two  
2 examples of the entire day.

3                   The attendance has not been as full  
4 as many other places, but I will say, if I may,  
5 and I don't want to reflect on any other hearings  
6 we have had in Canada, because we have profited from  
7 all of them, I think certainly, the CBC has a view  
8 today of a very broad spectrum of opinion that is as  
9 representative, probably, in its range, as we have  
10 encountered across the country, and at some points,  
11 a greater depth than we have heard. So, I think my  
12 colleagues would agree, it absolutely vindicates  
13 the statement I made at the beginning of the day,  
14 and each day is a different day in this process, and  
15 we never know what we are going to hear. And we  
16 don't know, but we have never failed to end the day  
17 deeply impressed by what we have heard. And I did not  
18 respond, as you may have noticed this morning, to the  
19 representative of the Canadian Labour Congress when  
20 he said he was concerned about my initial remark  
21 and that we were going to -- seeking the opinions  
22 from our fellow Canadians. I will not back off from that.  
23 We are not trying to sum up on that, we are trying  
24 to call <sup>conclude</sup> it as we see it, and I think any one  
25 who has spent the day here, I think they will under-  
26 stand the importance we have to attach to getting as  
27 much contact as we can with this opinion.

28                   When we say, "opinion", it naturally  
29 predisposes experience, opinion developed out of a  
30 personal experience, a sense of various problems.





1                   So, I should say, again, we have  
2 profited immeasurably by the hearing today, but the  
3 attendance, quantitatively, anyway, has not been  
4 as good as we had hoped for, mainly for this reason,  
5 and the one you touched on, I think, in your remarks;  
6 the assurance that we are, in fact, getting a good  
7 exchange of views, and the process is productive,  
8 of communication and exchange in dialogue, not simply  
9 only as a social process, although we would not shy  
10 away from the suggestion, and we see this as an  
11 indirect benefit, we know our job is to enquire,  
12 but in our terms of reference there is reference  
13 to problems of communication so we don't apologize  
14 either for going out and attempting to stimulate  
15 discussion.

16                   But, the discussion is, the dialogue  
17 is, for us, a means of inquiry, because we get the  
18 analysis deepened, it is focused, it is refined, and  
19 we get a better sense of where the issues are and  
20 how people see; the general perception of the problems.  
21 So, I can only say, I still believe in the process  
22 very much, at the end of, whatever it is -- some  
23 eight months that we have been engaged in it.

24                   It seems to me when people say, "Are  
25 your hearing representative?", all we can say is,  
26 "We advertize our hearings, and people who come out  
27 are concerned." That is all that we can conclude.  
28 That people who come to talk to us, are the people  
29 who are concerned.

30                   Excuse me, yes?



1 THE PUBLIC: The gentleman who was  
2 talking about it being a challenge to people like  
3 us to come out and get involved with the government,  
4 I think that is great, but it is only going so far.  
5 If you are looking at being involved with the govern-  
6 ment, I am on the other side of the fence, and I  
7 realize all I say can be taken in by you, but that  
8 is as far as it goes. When the time comes for you  
9 to table your report, there are going to be five  
10 of you gentlemen sitting down, and I'm not going to  
11 be there. So, <sup>7.</sup> (who is that guy in Hamilton -- there  
12 are going to be five of you, and there is no hope  
13 there, and I think this is where the democracy is  
14 failing, because we do not have this participation.

15 The concern with drugs, it is the youth  
16 who are taking the drugs, and there is nobody, that  
17 I take to be relatively young, on that panel, and  
18 this is the relative danger. Age teaches, yes, but  
19 there is something to be said for youth too, and it  
20 is not representative of your decisions. And then  
21 it goes to some cabinet. Who is in the cabinet?  
22 Even if you decided to legalize marijuana, it goes  
23 to the cabinet, it goes to the power, and I don't  
24 like that idea at all. Plato set up a Republic,  
25 the Republic was to ensure that people who wanted  
26 power could get it. That is a good idea. Power  
27 corrupts.

28 THE PUBLIC: It is very poor organi-  
29 zation if you have a committee like this, and half  
30 the people who have the drug problem are in school



1 right now.

2 THE PUBLIC: Or even, perhaps, the  
3 representative of the high school group, because  
4 I don't go to high school and I don't know if anybody  
5 else in the room does, but I don't see a lot of  
6 high school people, and perhaps that is where you  
7 should be concerned. This is the thing that  
8 upsets me.

9 I want to be able to smoke grass,  
10 because the only detrimental effect it has had for  
11 me is getting arrested. And that is it. It hasn't  
12 done anything else for me that I can blame myself  
13 for in the last three years. It has just got me  
14 arrested.

15 But, a lot of kids are in high school,  
16 and they could get messed up, and kids in public  
17 school too, and maybe they should be here as  
18 representatives, maybe they should be here too.  
19 And I think that is a problem that you have with  
20 people now, who have been smoking dope for a while  
21 and have gone through the drug subculture to come  
22 out of the other side relatively unscathed, and  
23 realize that those who went through the whole set-up  
24 like I did, and I know where I am now; I don't do  
25 acid, or anything like that any more, and I just  
26 want to smoke dope and maybe go back to school and  
27 continue my education and so on. And you've got a  
28 problem there. And then you see everybody else gets  
29 mixed up and you really don't know which way to turn.

30 Somebody could ask me if I want it





1     legalized, and I would say, "Yes, I would want it  
2     legalized because it would benefit me, and it would  
3     benefit the people that I know and that I associate  
4     with,"<sup>because</sup> before I associate with an older age level  
5     because more than, most of the high school people,  
6     but the only thing I can really say is, I'd like it  
7     legalized myself. Whether it would be like alcohol,  
8     with a certain age limit, and naturally, it seeps  
9     below that age limit, it is going to do it, it is  
10    against the law right now; you've got some people  
11    doing it, it is impossible to judge how many are  
12    doing it.

13                   So, my reasoning is, why not legalize  
14    it, because it's not going to hurt any more than it  
15    is now. And I don't think you are going to have a  
16    mad rush for people starting to smoke, starting to  
17    do this, and getting involved with the drug subculture  
18    if you legalize it. And whoever is smoking dope is in  
19    this subculture, because in order to smoke dope now  
20    you have to associate with some members of the  
21    drug subculture. The people who could do this wear  
22    their hair short and wear ties, and smoke dope, and  
23    there wouldn't be all this friction.

24                   My argument for legalization is, it  
25    is the last resort, really. It is the only intelligent  
26    move that I can see right now, because the prohibition  
27    does not seem to be doing much good, really, because  
28    along with the prohibition, not only brings in the  
29    fact that you are not supposed to take it, but it  
30    brings in a lot of underlying facts, of the people you



1 | associate with to get it, and the things you have  
2 | to go through being alienated in a society, and  
3 | getting a criminal record, and everything falls down  
4 | upon you, and you have to associate with something,  
5 | generally, when you just want to sit in your room  
6 | and smoke, and enjoy yourself for a few hours. And  
7 | everything that you have to go through to do that  
8 | is more harmful to the person than sitting there  
9 | smoking a marijuana cigarette. And I think this is  
10 | the consensus of opinion of a lot of people, and I  
11 | can't speak for the exact numbers, but that is myself,  
12 | and my associates, and people I know, and in general,  
13 | the opinion that I get from people around this area.

14 | THE CHAIRMAN: Yes?

15 | THE PUBLIC: I have been sitting here  
16 | all day. I will give you my points, I won't expand  
17 | too much. If you want to ask me questions, you can.

18 |  
19 | ---Portion inaudible.

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1 I think the young people today have a  
2 better knowledge of drugs, although most of them are  
3 full of balderdash too, but generally, the other  
4 people don't understand the problem. I do, in this  
5 respect. I would like to see penalties increase in  
6 heroin, up to, possibly, the death penalty, and the  
7 restrictions increased for chemical drugs, and  
8 completely legalize pot and hash, because they are  
9 completely harmless.

10 My main concern for coming here today  
11 is that the withdrawal of pot from the New York  
12 market last year, under Operation Intercept, has  
13 produced such a large number of heroin addicts in  
14 New York, in school children and teenagers, that they  
15 opened one teenage treatment centre last year, and  
16 now they have three, and these are all volunteer,  
17 and the incidence of death on heroin is expected to  
18 be one a day in New York City.

19 We usually follow New York, three or  
20 four years later, we do what they do. My concern,  
21 I think, if marijuana is available to the young people  
22 today, they will not be forced to something else,  
23 because the other item is so easy to get into the  
24 country. You could bring it in your pocket and do  
25 up the whole city, whereas if you want to do marijuana  
26 you have to have a couple of trailers; so, obviously  
27 anyone can get it in and a lot of money can be made  
28 on it, and anyone who was taking it would maybe take  
29 the heroin rather than the hash. This is my chief  
30 concern.



1 THE CHAIRMAN: Thank you.

2 I should probably adjourn, it is  
3 five past six now, and it's been a long day. It  
4 has been a very informative and interesting one.

5 Thank you, Professor MacDonald, very  
6 much, for your assistance.

7 And I will declare the hearing adjourned  
8 until 9:30 tomorrow in this room.

9 --- Upon adjourning at 6:05 p.m.

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